L03000043317

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
2004 OCT 26 AM 8:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11/10/04

DOCUMENT # L03000043317

1. Entity Name
TARPON INN, LLC
REINSTATEMENT 2004

Principal Place of Business	Mailing Address
110 W. TARPON AVE. TARPON SPRINGS, FL 34689	110 W. TARPON AVE. TARPON SPRINGS, FL 34689

10192004 REIN-LLC CR2E101 (6/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	1711 Mandala Dr Suite, Apt. #, etc.
City & State	City & State: TARPON SPRINGS, FL
Zip / Country	Zip: 34689 / Country

4. FEI Number: 20-1292540 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JACOBSON, RICHARD A 501 E. KENNEDY BLVD., STE. 1700 TAMPA, FL 33602	Name: VANICH WELLING Street Address (P.O. Box Number is Not Acceptable): 1711 MANDALAY DRIVE, City: TARPON SPRINGS FL Zip Code: 34689

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: VANICH WELLING 10-17-04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2005, Fee will be $200.00

Make checks payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGER VANICH WELLING 1711 MANDALAY DRIVE, TARPON SPRINGS, FL 34689	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT ~~PETER~~ WELLING 1711 MANDALAY DR TARPON SPRINGS, FL 34689	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	000042169330 10/26/04--01004--003 **150.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	000042165414 10/25/04--01003--017 **150.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REINSTATEMENT 2004	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. TEL: 727 942 8144

SIGNATURE: VANICH WELLING 10-17-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #