

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

09 JUN -9 AM 4:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

100156995061  
06/10/09--01074--020 \*\*377.50

CR2E041 (10/08)

DOCUMENT # L0400022429

1. Limited Liability Company's Name

TIDEWATER INVESTMENT GROUP, LLC

2. Principal Office Address - No P.O. Box #

13846 ATLANTIC BLVD

Suite, Apt. #, etc.

#403

City & State

JACKSONVILLE, FL

Zip

32225

Country

3. Mailing Office Address

13846 ATLANTIC BLVD

Suite, Apt. #, etc.

#403

City & State

JACKSONVILLE, FL

Zip

32225

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

3-24-04

6. FEI Number

73-1698695

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

DENNIS PRATT

Street Address (P.O. Box Number is Not Acceptable)

10450 SAN JOSE BLVD

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32257

☒ A \$100 reinstatement fee is imposed, except  
in circumstances which the entity did not  
receive the prior notices. By checking this  
box, you are certifying the prior notices were  
not received and requesting the \$100  
reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 5/5/09

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEM	STEPHEN M TONEY	4385 PHILLIPS PLACE	JACKSONVILLE, FL 32207
MEM	WILLIAM S WARREN	13846 ATLANTIC BLVD #403	JACKSONVILLE, FL 32225

**REINSTATEMENT**

**RH**

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of

Managing Member/Manager

Date

6/4/09

Daytime Phone #

904-881-6547

Typed or printed name of signing Managing Member/Manager

WILLIAM S. WARREN