PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2009 AUG 31 AM 10:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800160030088
08/19/09--01010--012 **105.00

CR2E041 (10/08)

DOCUMENT # L04000023051

1. Limited Liability Company's Name
Tigris Management LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
116 STRAWBERRY HILL RD	460 LIBERTY LN.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CONCORD MA	City & State: WINTER HAVEN FL.
Zip: 01742 Country:	Zip: 33884 Country:

4. State/Country of Formation: Florida, USA
5. Date Organized or Qualified To Do Business in Florida: 2004
6. FEI Number: 20-1426131 ☐ Applied For ☐ Not Applicable
7. CERTIFICATE OF STATUS DESIRED ☑

8. Name and Address of Current Registered Agent

Name: GITY OLIAEI ZOMORODI
Street Address (P.O. Box Number is Not Acceptable): 460 LIBERTY LN.
Suite, Apt. #, etc.:
City: WINTER HAVEN State: FL Zip Code: 33884

☑ 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: Gity Oliaei Zomorodi Date: 8/24/09
REGISTERED AGENT MUST SIGN

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
MGR	Murat Azizoglu	116 Strawberry Hill Rd	Concord, MA 01742
MGR	GITY OLIAEI ZOMORODI	460 LIBERTY LN.	WINTER HAVEN FL 33884

REINSTATEMENT 06-09 mst

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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: [signature] Date: 8/21/09 Daytime Phone #: 978-318-9513

Typed or printed name of signing Managing Member/Manager: Murat Azizoglu