

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUL -7 PM 1:54

DOCUMENT # L04000064469

1. Limited Liability Company's Name

SPRING TIDE INVESTMENTS III, LLC

700131244937
06/12/08--01041--008 **\$55.00

CR2E041 (12/07)

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

622 Bypass Drive

3. Mailing Office Address

622 Bypass Drive

Suite, Apt. #, etc.

Suite 100

Suite, Apt. #, etc.

Suite 100

City & State

Clearwater FL

City & State

Clearwater FL

Zip

33764

Country

US

Zip

33764

Country

US

4. State/Country of Formation

FL

**5. Date Organized or Qualified
To Do Business in Florida**

08/26/2004

6. FEI Number

20-1684586

☐ 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

Thomas W Carey

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

622 Bypass Drive

Suite, Apt. #, Etc.

Suite 100

City

Clearwater

State

FL

Zip Code

33764

☐ 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

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	Thomas W Carey	622 Bypass Drive Suite 100	Clearwater FL 33764

REINSTATEMENT

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

Daytime Phone # 727.799.3900

Typed or printed name of signing Managing Member/Manager

Thomas W. Carey

MEMS/MGRMS