PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY FLORIDA DEPARTMENT OF STATE COMPANY Secretary of State 13 SEP 17 M 8: 58 REINSTATEMENT DIVISION OF CORPORATIONS DOCUMENT # L04000089272 1. Limited Liability Company's Name NIC-MAR OF TARPON SPRINGS, LLC CR2E041 (1/11) 2. Principal Office Address - No P.O. Box # 3. Mailing Office Address 317 HIGH ST 4. State/Country of Formation Suite, Apt #, etc. **FLORIDA** Suite, Apt. #, etc. Date Organized or Qualified To Do Business in Florida 12/09/04 City & State City & State 6. FEI Number Applied For TARPON SPRINGS, FL 20-2338691 Not Applicable Zìp Country Zip Country 7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required 34689 USA for a Certificate of Status Name and Address of Current Registered Agent E-mail Address: NICHOLAS TOTH Street Address (P.O. Box Number is Not Acceptable) 500251796025 09/17/13--01027--004 ***377.50 317 HIGH ST Suite, Apt #, Etc. Zip Code State TARPON SPRINGS 34689M (To be used for future annual report notices) 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 Date 09/10/13 **Registered Agent** REGISTERED AGENT MUST SIGN 10. Names and Street Addresses of Managing Members/Managers Name of Managing Members/ Managers Street Address of Each Managing Member/ Manager City / State / Zip MARY L TOTH MGR 317 HIGH ST TARPON SPRINGS, FL 34689 REINSTATEMENT SEP 1 7 2013 R HUNT

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager	e Joth	_{Date} 09/10/13	Davtime Phone #	727-937-5242
Typed or printed name of signing Managing Member/ Manage			•	