
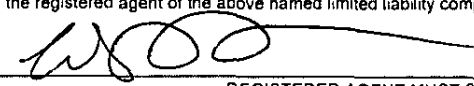



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>		<b>FILED</b> <b>10 MAY 24 PM 3: 25</b> <b>SECRETARY OF STATE TALLAHASSEE, FLORIDA</b>  <b>200180495262</b> <b>05/06/10--01018--016 **377.50</b>  CR2E041 (11/09)	
<b>DOCUMENT #</b> L04000091103					
<b>1. Limited Liability Company's Name</b> The Tarpon Group LLC					
<b>2. Principal Office Address - No P.O. Box #</b> 29399 Hwy 19N Suite, Apt. #, etc. Ste 230C City & State Clearwater FL Zip 33761 Country Pinellas		<b>3. Mailing Office Address</b> P.O. Box 1372 Suite, Apt. #, etc. City & State Palm Harbor FL Zip 34682 Country USA		<b>4. State/Country of Formation</b> Florida USA <b>5. Date Organized or Qualified To Do Business in Florida</b> 12/16/2004 <b>6. FEI Number</b> 320135089 <b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$5.00 Additional Fee required for a Certificate of Status</b>	
<b>8. Name and Address of Current Registered Agent</b> Name Walter J Penachio Street Address (P.O. Box Number is Not Acceptable) 29399 Hwy 19N Suite, Apt. #, Etc 230C City Clearwater State FL Zip Code 33761				<input checked="" type="checkbox"/> 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.	
<b>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.</b> Signature of Registered Agent  Date 5/3/2010 REGISTERED AGENT MUST SIGN					
<b>10. Names and Street Addresses of Managing Members/Managers</b>					
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip		
MGMR	Walter J Penachio	29399 Hwy 19N, Ste 230C	Clearwater FL 33761		
MGMR	Robert Ramirez	15 Scott Ave	Burlington MA 01803		
			JB		
			<b>REINSTATEMENT 2008-10</b>		
<b>11. E-mail Address:</b> walter@penachio-com <small>(To be used for future annual report notifications)</small>					
<b>12. 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.</b>					
Signature of Managing Member/Manager  Date 5/3/2010 Daytime Phone # 888-877-4040					
Typed or printed name of signing Managing Member/Manager <span style="float: right;">x2</span>					