PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
13 MAY 3 AM 9:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900246120479
03/26/13--01024--006 **238.75
CR2E041 (1/11)
900246120479
04/30/13--01017--003 **277.50

DOCUMENT # L05000033873

1. Limited Liability Company's Name
TARPON RIVER HOLDINGS TWO, LLC
908 EAST LAS OLAS Boulevard.
Ft. Lauderdale, FL 33301

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
908 EAST LAS OLAS		908 EAST LAS OLAS	
Suite, Apt. #, etc.: Boulevard.		Suite, Apt. #, etc.: Boulevard.	
City & State: Ft. Lauderdale, FL		City & State: Ft. Lauderdale, FL	
Zip: 33301	Country: USA.	Zip: 33301	Country: USA.

4. State/Country of Formation: FlORIDA

5. Date Organized or Qualified To Do Business in Florida: 4/4/2005

6. FEI Number: 202633749 ☐ 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: CESAR ZAMBRANO.
Street Address (P.O. Box Number is Not Acceptable): 1304 SW 4th AVE.
Suite, Apt. #, Etc.:
City: Fort. Lauderdale State: FL Zip Code: 33315

E-mail Address: giancarlo.cuffia@evusa.com
(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 Registered Agent [signature] Date 3/18/13.
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
MGRM	TAGOROR, LLC	1304 SW 4th Ave Ft. Lauder	Ft. Lauderdale, Fl 33315
MGRM	STA. RITA Investment	HOLDINGS, LLC 1304 SW 4th Ave	Ft. Lauderdale, Fl 33315
MGRM	C+I HOLDINGS, LLC	1304 SW 4th Ave	Ft. Lauderdale, Fl 33315
MGR	GIANCARLO CUFFIA	908 E. LAS OLAS Blvd.	Ft. Lauderdale, Fl 33301
	REINSTATEMENT		S. HAWKES
	2011-13		S. HAWKES MAY 03 2013

MAR 2 ... 2013 EXAMINER

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 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 [signature] Date 3/18/13 Daytime Phone # (954) 681-4763

Typed or printed name of signing Managing Member/Manager: CESAR ZAMBRANO.