


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # LO5000038743

1. Limited Liability Company's Name

Three Fish Guys, LLC

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

2544 Venice Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Palm Beach Gardens

City & State

FL

Zip

33410

Country

USA

Zip

same

Country

same

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

4-21-05

6. FEI Number

52-2457935

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

William Burke

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

2544 Venice Dr

Suite, Apt. #, Etc.

City

Palm Beach Gardens

State

FL

Zip Code

33410

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date 12-17-07

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
			600113404496 -12/26/07--01043--005 **100.00
MEM	William Burke	2544 Venice Dr	Palm Beach Gardens Fla 33410
			400115860924 01/23/08--01018--004 **138.75
REINSTATEMENT 06-08			
GA 1/16			

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 12-17-07

Daytime Phone # 561-624-3540

Typed or printed name of signing Managing Member/Manager

William Burke