PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2011 MAR 16 PM 1:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300197154703
03/08/11--01041--008 **516.25

CR2E041 (1/11)

DOCUMENT # L05000049878

1. Limited Liability Company's Name

TARPON SOFTWARE, L.L.C.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2408 HERRON TER	2408 HERRON TER
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State: PORT CHARLOTTE	City & State: PORT CHARLOTTE
Zip: 33981 Country: CHARLOTTE	Zip: 33981 Country: CHARLOTTE

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: MAY 19,2005

6. FEI Number ☐ 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: WEYANT, LESTER H

Street Address (P.O. Box Number is Not Acceptable): 2408 HERRON TER

Suite, Apt. #, Etc.

City: PORT CHARLOTTE State: FL Zip Code: 33981

E-mail Address:

INFO@TARPONSOFTWARE.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 _____ Date _____
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	LESTER H WEYANT	2408 HERRON TER	PORT CHARLOTTE,FL 33981

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03/17/11--01029--014 **138.75

REINSTATEMENT -08-2011

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 Lester H Weyant Date 3-4-11 Daytime Phone # 941-698-1539

Typed or printed name of signing Managing Member/Manager Lester H Weyant

$55.00 C.K.