


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L05000086270			
1. Limited Liability Company's Name The TaraTrey Holding Co., LLC			
2. Principal Office Address - No P.O. Box # 12471 COUNTRY DAY CIR Suite, Apt. #, etc.		3. Mailing Office Address Same Suite, Apt. #, etc.	
City & State FORT MYERS, FL		City & State	
Zip 33913	Country USA	Zip	Country
4. State/Country of Formation Florida		5. Date Organized or Qualified To Do Business in Florida 08/31/2005	
6. FEI Number 20-3393300		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status			
8. Name and Address of Current Registered Agent Name: Lori G. Bode Street Address (P.O. Box Number is Not Acceptable): 12471 COUNTRY DAY CIR Suite, Apt. #, Etc. City: FORT MYERS, FL State: FL Zip Code: 33913			
<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.			
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: <u>Lori Bode</u> Date: <u>3-4-09</u> 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
Mgr	Lori G. Bode	12471 COUNTRY DAY CIR	Fort Myers, FL 33913
Mgr	Paul Bode	same "	"
REINSTATEMENT 2006-2009			
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: <u>Lori Bode</u> Date: <u>3/4/09</u> Daytime Phone #: <u>340-4301 (239)482-7238</u> Typed or printed name of signing Managing Member/Manager: <u>Lori G. Bode</u>			



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

09 MAR 31 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

March 25, 2009

THE TARATREY HOLDING CO., LLC
12471 COUNTRY DAY CIR
FT MYERS, FL 33913

SUBJECT: THE TARATREY HOLDING CO., LLC
Ref. Number: L05000086270

We have received your document for THE TARATREY HOLDING CO., LLC and check(s) totaling \$416.25. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$138.75. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II

Letter Number: 509A00010108