PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

10 JUL 20 PM 2:46

DOCUMENT # L05000092345

1. Limited Liability Company's Name

TIGERTAIL, L.L.C.

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100183465011

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
990 Blvd Of the Arts, #802		990 Blvd Of the Arts, #802	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Sarasota FL		Sarasota FL	
Zip	Country	Zip	Country
34236	USA	34236	USA

4. State/Country of Formation: Florida/USA

5. Date Organized or Qualified To Do Business In Florida: 09/20/2005

6. FEI Number: 262622628 ☐ 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: Caryl B. Kaplan

Street Address (P.O. Box Number is Not Acceptable): 990 Blvd Of the Arts, #802

Suite, Apt. #, Etc.:

City: Sarasota | State: FL | Zip Code: 34236

BK

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: Caryl Barrie Kaplan Date: 7/19/10
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	Caryl B. Kaplan	990 Blvd Of the Arts, #802	Sarasota FL 34236

REINSTATEMENT 2007-2010

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11. E-mail Address: _____
(To be used for future annual report notifications)

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.

Signature of Managing Member/Manager: Caryl Barrie Kaplan Date: 7/19/10 Daytime Phone #: 941-952-1739

Typed or printed name of signing Managing Member/Manager: Caryl B. Kaplan

CORPORATION SERVICE COMPANY®

L05000092345

ACCOUNT NO. : I20000000195

REFERENCE : 451239 4300A

AUTHORIZATION

COST LIMIT : $ 655.00

ORDER DATE : July 19, 2010

ORDER TIME : 4:06 PM

ORDER NO. : 451239-005

CUSTOMER NO: 4300A

RECEIVED
10 JUL 20 AM 10:52
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOMESTIC FILINGS

NAME: TIGERTAIL, L.L.C.

File 1st

XX ___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret - Ext# 2949

EXAMINER'S INITIALS _____

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SECRETARY OF STATE
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