

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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DEPARTMENT OF CORPORATIONS
10 MAY 21 PM 3:06

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

BK

DOCUMENT # L06000018787

1. Limited Liability Company's Name
MARKET HOLDINGS OF TARPON/HOLIDAY LLC

200181193782
05/21/10--01017--025 **421.25

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box #
17439 ISBELL LANE

3. Mailing Office Address
SAME

Suite, Apt. #, etc.
N/A

Suite, Apt. #, etc.
N/A

4. State/Country of Formation
FL USA

5. Date Organized or Qualified To Do Business in Florida
2/21/2006

City & State
ODESSA

City & State
FL N/A

6. FEI Number
20-4645706

Zip
33556

Country
HILLSBOROUGH

Zip
N/A

Country
N/A

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

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.

8. Name and Address of Current Registered Agent

Name
JOHN VOLZ

Street Address (P.O. Box Number is Not Acceptable)
17439 ISBELL LANE

Suite, Apt. #, Etc.

City
ODESSA

State
FL

Zip Code
33556

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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
John Volz

REGISTERED AGENT MUST SIGN

Date
5/20/10

10. Names and Street Addresses of Managing Members/Managers

MANAGING MEMBER
MEMBER

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MANAGING MEMBER	JOHN VOLZ	17439 ISBELL LANE	ODESSA FL 33556
MEMBER	SANITTE VOLZ	17439 ISBELL LANE	ODESSA FL 33556

REINSTATEMENT 2008-2010

11. E-mail Address: johnvolz@tampabay-fl.com
(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
John Volz

Date
5/20/10

Daytime Phone # 813-391-5289

Typed or printed name of signing Managing Member/Manager