

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 MAR -3 AM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900144783679
03/03/09--01003--007 **416.25
CR2E041 (10/08)

DOCUMENT # L06000037433

1. Limited Liability Company's Name

TUI STRAND, L.L.C.

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

801 South Olive Avenue

Suite, Apt. #, etc.

Suite 119

City & State

West Palm Beach

Zip

33401

Country

USA

3. Mailing Office Address

400 South Australian Avenue

Suite, Apt. #, etc.

Suite 300

City & State

West Palm Beach

Zip

33401

Country

USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida

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

Joel P. Koeppel, Esq.

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

400 South Australian Avenue

Suite, Apt. #, Etc.

Suite 300

City

West Palm Beach

State

FL

Zip Code

33401

☒ 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 2/23/09

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	Noranit Tui Pranich	801 South Olive Avenue, Suite 119	West Palm Beach, FL 33401

REINSTATEMENT

07-09

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

Noranit Tui Pranich

Date

Daytime Phone # (561) 644-0973

Typed or printed name of signing Managing Member/Manager