PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 FEB 11 AM 7:37

DOCUMENT # L06000052932

1. Limited Liability Company's Name

Deep Waters Advisors, LLC

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #		**3.** Mailing Office Address	
1571 Ocean View Drive		1571 Ocean View Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Tierra Verde, FL		City & State: Tierra Verde, FL	
Zip: 33715	Country: USA	Zip: 33715	Country: USA

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida: May 23, 2006

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: Stacey A. Seldin

Street Address (P.O. Box Number is Not Acceptable): 1571 Ocean View Drive

Suite, Apt. #, Etc.

City: Tierra Verde, FL | State: FL | Zip Code: 33715

☑ 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: Stacey A. Seldin — Date: 2/3/09

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	Stacey A. Seldin	1571 Ocean View Drive	Tierra Verde, FL 33715

500143442665
02/10/09--01013--004 **138.75

REINSTATEMENT 07-09 JB

500143442665
02/08/08--30039--033 **277.50

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: Stacey A. Seldin — Date: 2/3/09 — Daytime Phone #: (646) 306-1200

Typed or printed name of signing Managing Member/Manager: STACEY SELDIN