

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

10 NOV 29 AM 11:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L06000086043

1. Limited Liability Company's Name

**Fish II, LLC**

400188169894  
11/23/10--01058--007 \*\*516.25

CR2E041 (05/10)

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

200 Pierce Street

3. Mailing Office Address

same

Suite, Apt. #, etc.

Ste. 2-B

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Zip

33602

Country

Zip

Country

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

8/31/06

6. FEI Number

26-0376013

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

Edward C. Rood

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

200 Pierce Street

Suite, Apt. #, Etc

Ste. 2-B

City

Tampa

State

FL

Zip Code

33602

**REINSTATEMENT**

2008-10 8th

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 11/10/10

**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	Edward C. Rood	200 Pierce Street, Ste. 2-B	Tampa, FL 33602

11. E-mail Address: edrood1@tampabay.rr.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

*[Signature]*

Date 11.10.10 Daytime Phone #

Typed or printed name of signing Managing Member/Manager Edward C. Rood, Manager