PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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DIVISION OF CORPORATIONS
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CR2E041 (10/08)

1. Limited Liability Company's Name
TARPON HOLDING, L.L.C.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
124 PONTE VEDRA EAST BLVD	124 PONTE VEDRA EAST BLVD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PONTE VEDRA BEACH, FL	City & State: PONTE VEDRA BEACH, FL
Zip: 32082 Country: U.S.A.	Zip: 32082 Country: U.S.A.

4. State/Country of Formation: FLORIDA U.S.A.

5. Date Organized or Qualified To Do Business In Florida: MAY 2, 2007

6. FEI Number: 26-1966445 ☐ 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: HARRY R. DUNDORE
Street Address (P.O. Box Number is Not Acceptable): 124 PONTE VEDRA EAST BLVD.
Suite, Apt. #, Etc.:
City: PONTE VEDRA BEACH State: FL Zip Code: 32082

☐ 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: OCT. 9, 2008

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	HARRY R. DUNDORE	124 PONTE VEDRA EAST BLVD	PONTE VEDRA BEACH, FL. 32082
MGR.	PAUL A. DUNDORE	23 CORONA RD.	PONTE VEDRA BEACH FL 32082

REINSTATEMENT 2008

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 608.408, 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: 10/09/08 Daytime Phone # 904-373-0427

Typed or printed name of signing Managing Member/Manager: HARRY R. DUNDORE