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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JAN 19 PM 2:37

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L09000082861			
1. Limited Liability Company's Name Firetag, LLC			
2. Principal Office Address - No P.O. Box # 1503 S. Alexander Street Suite, Apt. #, etc. Suite 104 City & State Plant City, FL Zip 33566 Country US		3. Mailing Office Address 1503 S. Alexander Street Suite, Apt. #, etc. Suite 104 City & State Plant City, FL Zip 33566 Country US	
4. State/Country of Formation Florida		5. Date Organized or Qualified To Do Business in Florida 08/27/2009	
6. FEI Number 10-0019710		Applied For Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status			
8. Name and Address of Current Registered Agent Name F & L Corp Street Address (P.O. Box Number is Not Acceptable) One Independent Drive Suite, Apt. #, Etc. Suite 1300 City Jacksonville State FL Zip Code 32202			
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 By: <u>Ryan J. Wish</u> Date <u>1/18/11</u> Vice President 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
MGR	Gary Wishnatzki	1503 S. Alexander Street, Ste 104	Plant City, FL 33566
REINSTATEMENT 2010-2011			
11. E-mail Address: <u>rob@wishfarms.com</u> <small>(To be used for future annual report notifications)</small>			
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 <u>Gary Wishnatzki</u> Date <u>1/13/11</u> Daytime Phone # <u>813/752-5111</u>			
Typed or printed name of signing Managing Member/Manager <u>Gary Wishnatzki, Manager</u>			