LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
15 NOV 24 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L12000004593

1. Limited Liability Company's Name
Tiger Tracks Flag Car LLC

CR2E041

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
33 South Leonard St	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St. Augustine, FL	City & State
Zip: 32084 Country: St Johns	Zip Country

4. State/Country of Formation: Florida/St Johns
5. Date Organized or Qualified To Do Business in Florida: 1-10-12
6. FEI Number: 45-4299950 ☐ Applied For ☐ Not Applicable
7. CERTIFICATE OF STATUS ☐ [redacted]

200279464802
11/24/15--01003--015 **238.75

8. **Name and Address of Current Registered Agent**

Name: Cheryl Montana
Street Address (P.O. Box Number is Not Acceptable) Suite,: 33 South Leonard St.
Apt. #, Etc.:
City: St. Augustine State: FL Zip Code: 32084

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: [signature] Date: 11-14-15
REGISTERED AGENT MUST SIGN

1. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MG	Cheryl Montana	33 South Leonard St	St. Augustine, FL 32084

REINSTATEMENT 2015

NOV 30 2015

L. SELLERS

1. E- mail Address: Cheryl.montana@gmail.com
(To be used for future annual report notification)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member: [signature] Date: 11-14-15 Daytime Phone #: (904) 814-6462

Typed or printed name of signing authorized representative/member: