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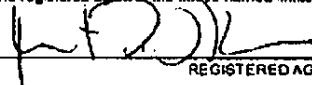
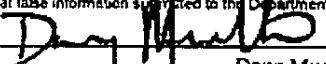
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS																									
DOCUMENT # L13000/T3286																													
1. Limited Liability Company's Name STRE Indies Partners, LLC																													
2. Principal Office Address - No P.O. Box # 100 S. Ashley		3. Mailing Office Address 100 S. Ashley		4. State/Country of Formation Florida																									
Suite, Apt. #, etc. Suite 600		Suite, Apt. #, etc. Suite 600		5. Date Organized or Qualified To Do Business in Florida 12/16/2013																									
City & State Tampa FL		City & State Tampa FL		6. FEI Number 80-0968015																									
Zip 33603	Country Hillsborough	Zip 33603	Country Hillsborough	☐ Applied For ☐ Not Applicable																									
7. CERTIFICATE OF STATUS DESIRED ☐				\$500 Additional Fee required for a Certificate of Status																									
B. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street Suite, Apt. #, Etc. City Tallahassee State FL Zip Code 32301-2525																													
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  Janet Budhu, Asst. Vice President Date 10/20/2014 REGISTERED AGENT MUST SIGN																													
10. Names and Street Addresses of Authorized Representatives/Managers <table border="1"> <thead> <tr> <th>Title</th> <th>Name of Authorized Representative/Manager</th> <th>Street Address of Each Authorized Representative/Manager</th> <th>City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Doug Mueller</td> <td>100 S. Ashley, Suite 600</td> <td>Tampa FL 33603</td> </tr> <tr> <td>CEO</td> <td>Brian McCarty</td> <td>1517 State Street, Suite 102</td> <td>Sarasota FL 34238</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>						Title	Name of Authorized Representative/Manager	Street Address of Each Authorized Representative/Manager	City / State / Zip	President	Doug Mueller	100 S. Ashley, Suite 600	Tampa FL 33603	CEO	Brian McCarty	1517 State Street, Suite 102	Sarasota FL 34238												
Title	Name of Authorized Representative/Manager	Street Address of Each Authorized Representative/Manager	City / State / Zip																										
President	Doug Mueller	100 S. Ashley, Suite 600	Tampa FL 33603																										
CEO	Brian McCarty	1517 State Street, Suite 102	Sarasota FL 34238																										
11. E-mail Address: <u>Doug.mueller@starboardtackrealestate.com</u> (To be used for future annual report notifications)																													
12. I certify that I am an authorized representative/manager of 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 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S. Signature of Authorized Representative/Manager  Date 10/20/2014 Daytime Phone # (813) 397-3627 Typed or printed name of signing Authorized Representative/Manager Doug Mueller																													

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