1 of 2 pages

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L13000173286

1. Limited Liability Company's Name
STRE Indies Partners, LLC

CR2E041 (1/14)

2. Principal Office Address - No P O Box #	3. Mailing Office Address
100 S. Ashley	100 S. Ashley
Suite, Apt. #, etc Suite 600	Suite, Apt. #, etc. Suite 600
City & State Tampa FL	City & State Tampa FL
Zip / Country 33603 / Hillsborough	Zip / Country 33603 / Hillsborough

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida
12/16/2013

6. FEI Number
80-0968015
☐ 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
CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

State, 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: [signature] Janet Budhu, Asst. Vice President
REGISTERED AGENT MUST SIGN

Date: 10/20/2014

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	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: Doug.mueller@starboardtackrealestate.com
(To be used for future annual report notifications)

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 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: [signature] Date: 10/20/2014 Daytime Phone #: (813) 397-3627

Typed or printed name of signing Authorized Representative/Manager: Doug Mueller

RE 10/22/14

10/21/2014 11:51:17 From: To: 8506176384

Division of Corporations

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TALLAHASSEE, FLORIDA

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LIMITED LIABILITY REINSTATEMENT
STRE INDIES PARTNERS, LLC

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