L99000202824

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 SEP 20 AM 8:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name
Tails Assett Management, LLC.

03

AMT. 41329598
09/24/04--01077--001 **205.00

2. Principal Office Address		**3.** Mailing Office Address	
2635 N. Riverside Drive		2635 N. Riverside Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Pompano Beach, Fl		City & State: Pompano Beach	
Zip: 33062	Country: Broward	Zip: 33062	Country: Broward

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 5/17/1999

6. FEI Number: 65-0925256 ☐ 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: James R Hill Sr.

Street Address (P.O. Box Number Is Not Acceptable): 600 Jefferson Drive

Suite, Apt. #, Etc.: 114

City: Deerfield Beach | State: FL | Zip Code: 33442

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 _____ Date 09\17\2004
REGISTERED AGENT MUST SIGN

CR2E041(10-02)

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
MGRM	James R Hill Sr	600 Jefferson Drive #114	Deerfield Beach, Fl. 33442
	REINSTATEMENT 2003-2004		

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 608.406, 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 _____ Date 09\17\2004 Daytime Phone # 954-698-0424

Typed or printed name of signing Managing Member/Manager: James R Hill Sr.