

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
08 NOV 19 PM 1:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L99000006399

1. Limited Liability Company's Name

TAMARAC POWELL, L.L.C.

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #

6639 Embassy Court

Suite, Apt. #, etc.

3. Mailing Office Address

6639 Embassy Court

Suite, Apt. #, etc.

City & State

Maumee, OH 43537

City & State

Maumee, OH 43537

Zip

43537

Country

Zip

43537

Country

4. State/Country of Formation  
FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida 10/05/1999

6. FEI Number  
650965578

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

Bert R. Oliver, P.A.

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

955 NW 17TH AVENUE - BUILDING D

Suite, Apt. #, Etc.

City

DELRAY BEACH, FL 33445

State

FL

Zip Code

33445

☐ A \$100 reinstatement fee is imposed, except  
in circumstances which the entity did not  
receive the prior notices. By checking this  
box, you are certifying the prior notices were  
not received and requesting the \$100  
reinstatement be waived.

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

REGISTERED AGENT MUST SIGN

Date 11/17/08

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	JOHN POWELL	6639 Embassy Court	Maumee, OH 43537

500138049975  
11/18/08--01029--009 \*\*1132.50

REINSTATEMENT 0708

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 11/17/08

Daytime Phone# (561) 869-3000

Typed or printed name of signing Managing Member/Manager JOHN POWELL

***Bert R. Oliver, P.A.***

ATTORNEY AT LAW  
955 NW 17<sup>th</sup> Avenue  
Building D  
Delray Beach, Florida 33445  
Telephone: 561-869-3000  
Facsimile: 561-819 2114

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*JoAnne Gannon, Paralegal*  
*joanne@boliver-law.com*

November 17, 2008

***Via Federal Express***

Division of Corporations  
Registration Section  
2661 Executive Center Circle  
Clifton Building  
Tallahassee, FL 32301

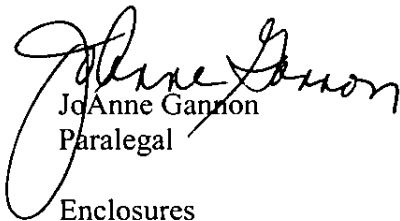
**Re: Tamarac Isan, L.L.C. Reinstatement  
Tamarac Rose, L.L.C. Reinstatement  
Tamarac Powell, L.L.C. Reinstatement**

Dear Sir or Madame:

Enclosed you will find the Reinstatement forms for each of the above referenced entities, and our check in the amount of \$1,132.50 for the reinstatement fees (\$377.50 x 3).

Should you have any questions or need any additional information, please contact me at 561 869-3000, extension 304. Thank you.

Sincerely,

  
JoAnne Gannon  
Paralegal  
Enclosures