
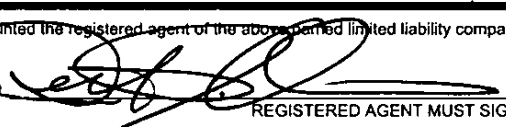
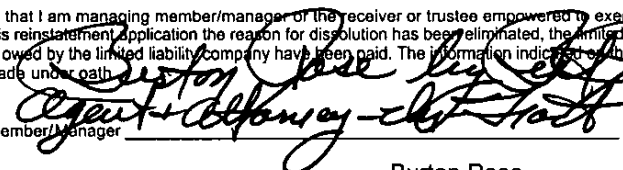


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L99000006401			
1. Limited Liability Company's Name  TAMARAC ROSE, L.L.C.			
2. Principal Office Address - No P.O. Box # 7025 West Winds Shores Suite, Apt. #, etc.		3. Mailing Office Address 7025 West Winds Shores Suite, Apt. #, etc.	
City & State Sylvania, OH 43650 Zip 43650 Country		City & State Sylvania, OH 43650 Zip 43650 Country	
4. State/Country of Formation FLORIDA		5. Date Organized or Qualified To Do Business in Florida 10/05/1999	
6. FEI Number 650967418		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$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			
<input type="checkbox"/> 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  Date 11-17-08 REGISTERED AGENT MUST SIGN			
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	Burton Rose	7025 West Winds Shores	Sylvania, OH 43650
			700138049957 11/18/08--01029--009 **1132.50
REINSTATEMENT 0708			
11. I certify that I am managing member/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 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 Burton Rose			