


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2018 APR 26 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600312647446

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M16000007175

1. Limited Liability Company's Name

Turtle Beach Marina SMI, LLC

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

17330 Preston Road

3. Mailing Office Address

17330 Preston Road

Suite, Apt. #, etc.

220A

Suite, Apt. #, etc.

220A

City & State

Dallas

City & State

Dallas

Zip

75252

Country

USA

Zip

75252

Country

USA

8. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 Hays Street

Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32311

4. State/Country of Formation

Delaware

5. Date Organized or Qualified
To Do Business In Florida

9/25/2017

6. FEI Number

81-3746962

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a certificate of status

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

Roxanne Turner

Roxanne Turner
Asst. Vice President

Date

4/26/18

REGISTERED AGENT MUST SIGN

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
AR	Bryan Redmond	17330 Preston Road, #220A	Dallas, TX 75252
AR	John D. Powers, Jr.	17330 Preston Road, #220A	Dallas, TX 75252

11. E-mail Address:

(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 605, 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 requirement 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Bryan Redmond

Date

4/25/2018


Daytime Phone #

972-789-1400

Typed or printed name of signing authorized representative/member

BRYAN REDMOND

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 182418 7788495
AUTHORIZATION : 
COST LIMIT : \$ 377.50

ORDER DATE : April 26, 2018
ORDER TIME : 1:09 PM
ORDER NO. : 182418-010
CUSTOMER NO: 7788495

REINSTATEMENT

NAME: TURTLE BEACH MARINA SMI, LLC

10 APR 26 PM 1:39

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner

EXAMINER'S INITIALS _____