PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2017 AUG 18 AM 8:02

DOCUMENT # P03000009511

1. Corporation Name
Tarpon River Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
608 S.W. 7 Avenue	608 S.W. 7 Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fort Lauderdale, Florida	City & State: Fort Lauderdale, Florida
Zip: 33315 Country: U.S.A.	Zip: 33315 Country: U.S.A.

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida: 01/27/2003

5. FE Number: 30-0159902 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Added Cost For Certified Copy

7. Name and Address of Current Registered Agent

Name: Julieta C Murray

Street Address (P.O. Box Number is Not Acceptable): 608 S.W. 7 Avenue

Suite, Apt. #, Etc.

City: Fort Lauderdale State: FL Zip Code: 33315

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08/16/17--01023--002 **70.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Julieta C. Murray Date: 08/15/2017

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Chalmers Murray III	608 S.W. 7 Avenue	Fort Lauderdale, FL 33315
VP	Julieta C Murray	608 S.W. 7 Avenue	Fort Lauderdale,FL 33315
	REINSTATEMENT		AUG 18 2017
			R. HUNT

10. E-mail Address: tarponriverinc@aol.com
(To be used for future annual report notification)

11. I certify that I am an officer or director of the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that while filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, 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: Julieta C Murray — Julieta C Murray — 08/15/2017 — 954-527-1920

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #