

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 OCT 18 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000011673

1. Limited Liability Company's Name

Wet Stuff, L.L.C.

2. Principal Office Address

20 Onyx Cove
Destin, FL 32550

3. Mailing Office Address

20 Onyx Cove
Destin, FL 32550

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Destin FL

City & State

Destin FL

Zip

32550

Country

USA

Zip

32550

Country

USA

REINSTATEMENT 2001

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

9/20/00

6. FEI Number

59-3672290

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

Sheryl A. Cooper

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

20 Onyx Cove

Suite, Apt. #, Etc.

City

Destin

State

FL

Zip Code

32550

200004652592-7
-10/25/01-01025-017
****155.00 ****155.00

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

Sheryl A. Cooper

REGISTERED AGENT MUST SIGN

Date 10/14/01

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 |
|--------|--------------------------------------|---|------------------------|
| Owner | <u>Sheryl A. Cooper</u> | <u>20 Onyx Cove</u> | <u>Destin FL 32550</u> |
| Owner | <u>David M. Yardley</u> | <u>609 Beach Dr.</u> | <u>Destin FL 32541</u> |
| | | | |
| | | | |
| | | | |
| | | | |

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

Sheryl A. Cooper

Date

10/14/01

Daytime Phone #

850-650-0566

Typed or printed name of signing Managing Member/Manager

Sheryl A. Cooper

CR2E041 (9/01)