PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	FLSRIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 09 JAN -8 PM 1:51
DOCUMENT # 10100017666 1. Limited Liability Company's Name SOUTHSIDE JETSKI L.L.C		UJ JAN U VIII
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address		CR2E041 (12/07)
3224 RIVERVIEW LANE Suite, Apt. #, etc.	3224 RIVER USEN LANE Suite, Apt. #, etc.	4. State/Country of Formation FLOUIDA USA 5. Date Organized or Qualified To Do Business in Florida
City & State DAYTONA BEACH FC	DAYTONA BEACH PC	6. FEI Number Applied For Not Applicable
32118 Country USA	32118 Country USA	CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee required for a Certificate of Status
Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City City Control Co		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 Local Registered Agent MUST SIGN Date 12/34/08		
10. Names and Street Addresses of Managing Mem	nbers/Managers	
Titles Name of Managing Members/Manage	Street Address of Eac ers Managing Member/Mana	
MERM OWNER SHAWN WEDDL	E YH BAYNOLD CIN	,
		000139532290 01/06/0901013002 **238.75
REINSTATEMENT <u>200</u>	28	
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 filling 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 4 564-0845 Date 14/36 Daytime Phone # 384-564-0845		
Typed or printed name of signing Managing Member/Manager W SHAWN WEMLE		