L 02 0 00005065

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JUN 24 AM II: 30

LL 06 / 04
07

DOCUMENT #   L 02 000000 5065

1. Limited Liability Company's Name

MindWaves, L.C.

REINSTATEMENT 2003-2004

2. Principal Office Address	**3.** Mailing Office Address
228 6TH Ave. South	P.O. Box 51544
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville Beach, FL	City & State: Jacksonville Beach, FL
Zip: 32250 Country: Duval	Zip: 32244 Country: Duval

4. State/Country of Formation   N/A

5. Date Organized or Qualified To Do Business in Florida   3/4/2002

6. FEI Number   [✓] 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: Julie A. Gaines

Street Address (P.O. Box Number is Not Acceptable): 13519 Valbuena Ct.

Suite, Apt. #, Etc.

City: Jacksonville	State: FL	Zip Code: 32224

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: _[signature]_   REGISTERED AGENT MUST SIGN   Date: 6/17/04

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
Mgr	Rona L. Mizrachi	13519 Valbuena Ct	Jacksonville, FL 32224
Mgr	Gregory Gaines	13519 Valbuena Ct	Jacksonville, FL 32224
		4000038233884 06/24/04--01027--001 **200.00	
REINSTATEMENT 2003-2004			

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: _[signature] Rona R Mizrachi_   Date: 6/17/04   Daytime Phone #: (904) 655-6781

Typed or printed name of signing Managing Member/Manager: Rona L. Mizrachi

CR2E041 (10/02)