

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2010 NOV -5 PM 4:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

900187536259  
11/08/10--01005--006 \*\*382.50

CR2E041 (05/10)

DOCUMENT # L02000005560

1. Limited Liability Company's Name

**WAVE, LLC**

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

6321 Porter Road

Suite, Apt. #, etc

Suite #13

City & State

Sarasota, FL

Zip

34240

Country

USA

3. Mailing Office Address

6321 Porter Road

Suite, Apt. #, etc

Suite #13

City & State

Sarasota, FL

Zip

34240

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

March 8, 2002

6. FEI Number

02-0568568

☐ 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

Daniel W Dubbs

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

6321 Porter Road

Suite, Apt. #, Etc.

Suite #13

City

Sarasota

State

FL

Zip Code

34240

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

REGISTERED AGENT MUST SIGN

Date Nov 3, 2010

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
MGRM	Daniel W. Dubbs	6321 Porter Road #13	Sarasota, FL 34240

**REINSTATEMENT-09-10**

11. E-mail Address: dandubbs@wave-llc.com

(To be used for future annual report notifications)

12. 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

Date 11/03/2010

Daytime Phone #

941-306-2000

Typed or printed name of signing Managing Member/Manager Daniel W. Dubbs