2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 14, 2005
Secretary of State

DOCUMENT# L02000010490

Entity Name: WAVESINSOLIDS LLC

Current Principal Place of Business:

317H REX PLACE
MADEIRA BEACH, FL 33708

New Principal Place of Business:

Current Mailing Address:

317H REX PLACE
MADEIRA BEACH, FL 33708

New Mailing Address:

FEI Number: 37-1448339 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAY, CLAUDETTE
317H REX PLACE
MADEIRA BEACH, FL 33708 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: CLAUDETTE HAY

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: HAY, D. ROBERT
Address: 317H REX PLACE
City-St-Zip: MADEIRA BEACH, FL 33708

Title: MGRM ( ) Delete
Name: HAY, JOEL R
Address: 317H REX PLACE
City-St-Zip: MADEIRA BEACH, FL 33708

Title: MGRM ( ) Delete
Name: HAY, THOMAS R
Address: 317H REX PLACE
City-St-Zip: MADEIRA BEACH, FL 33708

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: D. ROBERT HAY MGRM 10/14/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date