

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

2006 OCT -2 PM 2:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #L03000002338

1. Limited Liability Company's Name

WAVELAND EQUIPMENT LEASING, LLC

CR2E041 (8/05)

2. Principal Office Address

202 BIENVILLE DRIVE

Suite, Apt. #, etc.

3. Mailing Office Address

202 BIENVILLE DRIVE

Suite, Apt. #, etc.

City & State

WAVELAND, MS

City & State

WAVELAND, MS

Zip

39576

Country

USA

Zip

39576

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

JANUARY 21, 2003

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

LOUIS M. MEINERS, JR.

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

3073 HORSESHOE DRIVE SOUTH

Suite, Apt. #, Etc.

SUITE 210

City

NAPLES

State

FL

Zip Code

34104

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

*Louis M. Meiners, Jr.*  
REGISTERED AGENT MUST SIGN

Date 09/25/2006

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	FRANK J. LETELLIER	202 BIENVILLE DRIVE	WAVELAND, MS 39576

REINSTATEMENT

05-04

800080366778  
10/03/06--01056--008 \*\*200.00

*AL*

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

*Frank Letellier*

Date 9/25/2006

Daytime Phone # (228) 216-6159

Typed or printed name of signing Managing Member/Manager

Frank Letellier