

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

\$ 150.00

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 FEB 23 AM 10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L04000024154**

1. Limited Liability Company's Name

Tidalwave Entertainment, LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #
242 Laird Circle

Suite, Apt. #, etc.

City & State

Panama City Beach, Fl.

Zip
32408

Country
USA

3. Mailing Office Address
242 Laird Circle

Suite, Apt. #, etc.

City & State

Panama City Beach Fl.

Zip
32408

Country
USA

4. State/Country of Formation
Florida/USA

5. Date Organized or Qualified
To Do Business in Florida **03/29/2004**

6. FEI Number
20-0931523

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

Homer S. Jackson Jr.

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

242 Laird Circle

Suite, Apt. #, Etc.

City

Panama City Beach

State

FL

Zip Code

32408

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date **02/06/07**

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	Homer S. Jackson Jr.	242 Laird Circle	Panama City Beach, Fl. 32408
MGR	Zachary Hoxie	2700 Northwicke Drive	Buford, Ga. 30519

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03/01/07--01048--020 **150.00

REINSTATEMENT 05-07

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]

Date **02/06/07**

Daytime Phone # **(850)866-2626**

Typed or printed name of signing Managing Member/Manager

Homer S. Jackson