

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2009 MAR 25 PM 3:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700145571217
03/11/09--01026--019 **416.25

CR2E041 (10/08)

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000017223

1. Limited Liability Company's Name

Underwater Innovations, LLC

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

110 Rushton Lane

Suite, Apt. #, etc.

City & State

Tavernier

Zip

33070

Country

USA

3. Mailing Office Address

110 Rushton Lane

Suite, Apt. #, etc.

City & State

Tavernier

Zip

33070

Country

USA

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified

To Do Business in Florida **Feb 21, 2005**

6. FEI Number

59-3801546

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

Randy Hetherington

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

110 Rushton Lane

Suite, Apt. #, Etc.

City

Tavernier

State

FL

Zip Code

33070

☒ 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

REGISTERED AGENT MUST SIGN

Date **March 9, 2009**

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	Randy Hetherington	110 Rushton Lane	Tavernier, FL 33070
MGRM	Bruce Richardson	171 Cort Lane	Tavernier, FL 33070

REINSTATEMENT

06-07-08+09

700145571217
03/26/09--01015--018 **138.75

C.L.

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

Date **Mar 9, 2009**

Daytime Phone# **305-852-5411**

Typed or printed name of signing Managing Member/Manager **Randy Hetherington**