PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 APR 22 PM 4:07

CR2E041 (10/06)

DOCUMENT # L05000027625

1. Limited Liability Company's Name
Blue Water Enterprises, LLC

2. Principal Office Address - No P.O. Box #
6260 East Bay Blvd
Suite, Apt. #, etc.
City & State: Gulf Breeze, FL
Zip: 32563 Country: USA

3. Mailing Office Address
1223 Wilshire Blvd
Suite, Apt. #, etc.: #554
City & State: Santa Monica, CA
Zip: 90403 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 3/18/05

6. FEI Number: 20-2546534 [ ] 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: Walker E Anderson
Street Address (P.O. Box Number is Not Acceptable): 6260 East Bay Blvd
Suite, Apt. #, Etc.:
City: Gulf Breeze State: FL Zip Code: 32563

[✓] 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: Walker Anderson Date: 3/17/09
REGISTERED AGENT MUST SIGN

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	Walker E Anderson	6260 East Bay Blvd	Gulf Breeze, FL 32563
MGRM	Mark C. McLellan	1223 Wilshire Blvd #554	Santa Monica, CA 90403
			100148291201
			04/01/09--01034--016 **416.2
REINSTATEMENT	2007-2009		

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: Walker Anderson Date: 3/17/09 Daytime Phone #: 850-982-1179

Typed or printed name of signing Managing Member/Manager: Walker E Anderson

T. Hampton APR 23 2009