

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 AUG 13 PM 3:26

DOCUMENT # L05000036309 1. Entity Name MAKIN' WAVES, LLC					
Principal Place of Business 25 CAUSEWAY BOULEVARD SLIP 19 CLEARWATER, FL 33767			Mailing Address 125 WINDWARD PASSAGE CLEARWATER, FL 33767		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 3912			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State CLEARWATER FL		4. FEI Number 20-2885380	
Zip	Country	Zip 33767-8912	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent REESE, TUCKER G 125 WINDWARD PASSAGE CLEARWATER, FL 33767			7. Name and Address of New Registered Agent Name MIKES, JENNIFER I Street Address (P.O. Box Number is Not Acceptable) 530 S. GULFVIEW BLVD #605 City CLEARWATER FL Zip Code 33767		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE JENNIFER MIKES DATE _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$200.00		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR REESE, TUCKER G 125 WINDWARD PASSAGE CLEARWATER, FL 33767		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100108710351 08/28/07--01039--004 **200.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MIKES, JENNIFER I 125 WINDWARD PASSAGE CLEARWATER, FL 33767		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MGR MIKES, JENNIFER I 530 S. GULFVIEW BLVD #605 CLEARWATER FL 33767	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition BLT	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition REINSTATEMENT 06-07	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: JENNIFER MIKES <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					