

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2007 NOV 14 PM 1:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10112007 REIN-LLC CR2E101 (1/07)

| | | | | | |
|--|--|--|--|--|-----------------|
| DOCUMENT # L05000059257 1. Entity Name FLORIDA DOLPHIN WATCH, LLC | | | | | |
| Principal Place of Business 125 FISHERMAN'S WHARF FORT PIERCE, FL 34950 | | | Mailing Address 125 FISHERMAN'S WHARF FORT PIERCE, FL 34950 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 11-3752208 | |
| | | | | Applied For <input type="checkbox"/> Not Applicable | |
| | | | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BURLEY, MICHAEL D 5379 OLD DIXIE HIGHWAY FORT PIERCE, FL 34946 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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 <i>Michael D Burley</i> | | MICHAEL D BURLEY | | 11-5-07 | |
| Signature, typed or printed name of registered agent and title if applicable. | | (NOTE: Registered Agent signature required when reinstating) | | DATE | |
| FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$200.00 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM BURLEY, MICHAEL D 5379 OLD DIXIE HIGHWAY FORT PIERCE, FL 34946 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 500112126235 11/08/07--01040--011 **155.00 | |
| 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 | |
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| 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: <i>Michael D Burley</i> | | | MICHAEL D BURLEY | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | Date | | Daytime Phone # |

772-466-4660