

L07000120500

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

12 FEB -1 AM 11:31

CR2E041 (1/11)

DOCUMENT # L07000120500

1. Limited Liability Company's Name

HydroSail LLC

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

2225 Golf Isle Dr.

Suite, Apt. #, etc. #624

City & State
Melbourne FL

Zip Country
32935 USA

3. Mailing Office Address

2225 Golf Isle Dr

Suite, Apt. #, etc. #624

City & State
Melbourne FL

Zip Country
32935 USA

4. State/Country of Formation

B Florida

5. Date Organized or Qualified
To Do Business in Florida

Dec 3, 2007

6. FEI Number

112249377

☐ 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 W. SAM Bradfield

Street Address (P.O. Box Number is Not Acceptable)
2225 Golf Isle Dr

Suite, Apt. #, Etc. #624

City
Melbourne

State
FL

Zip Code
32935

E-mail Address:

200220207032

02/01/12--01003--011 **516.25

HydroSail@aol.com

(To be used for future annual report notices)

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

W Sam Bradfield

Date 1/28/12

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 |
|---------------|--------------------------------------|---|-----------------------|
| Mngg Pres. | W Sam Bradfield | 2225 Golf Isle Dr #624 | Melbourne FL 32935 |
| Mngg Vp | Mike McGarry | 4186 Dixie Hwy NE | Palm Bay FL 32905 |
| Mngg Vp | Tom Haman | 340 Avenida Del Mar | Indianapolis FL 32903 |
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REINSTATEMENT

2010 - 2012

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

Mike McGarry

Date 1/28/12

Daytime Phone #

336 2550698

Typed or printed name of signing Managing Member/Manager

Mike McGarry