

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # M07000006733	
1. Entity Name BLUEWATER OUTDOOR, LLC	



FILED

08 NOV 12 PM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 1175 ADKINS ROAD HOUSTON, TX 77055	Mailing Address 1175 ADKINS ROAD HOUSTON, TX 77055
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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

10302008 REIN-LLC CR2E101 (1/07)

4. FEI Number 20-5656692	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		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>Debra Boettger</i> Signature, typed or printed name of registered agent and title if applicable.	DATE <i>10/31/2008</i> Signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After January 1, 2009, Fee will be \$277.50	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROBERTS, GEOFFREY D 1175 ADKINS ROAD HOUSTON, TX 77055 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chief operating officer <input type="checkbox"/> Change <input type="checkbox"/> Addition Joe Albright 1175 Adkins Rd. Houston, TX 77055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BROOKS, CURTIS A 1175 ADKINS ROAD HOUSTON, TX 77055 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900137679359 11/05/08--01043--007 **138.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chief Operating Officer <input type="checkbox"/> Delete Joe Albright 1175 Adkins Rd. Houston, TX 77055	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
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

REINSTATEMENT Without Penalty 2008 up 11/12

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>Joe Albright</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	DATE: <i>10/30/08</i> Date Daytime Phone # <i>713/463-7400</i>