

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

01 JAN -9 AM 10:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Limited Liability Company's Name

1999-1165

MAKAIRA, LLC

**REINSTATEMENT** 2000-0

2. Principal Office Address

711 MOSSWOOD COVE

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

COLLIERVILLE, TENNESSEE

City & State

Zip

38017

Country

UNITED STATES

Zip

Country

4. State/Country of Formation

TENNESSEE

5. Date Organized or Qualified  
To Do Business in Florida

JULY 23, 1999

6. FEI Number

62-1785074

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

James A. Massey, c/o Destin Yacht Club

Street Address (P.O. Box Number is Not Acceptable)

320 Highway 98 East, Unit 1104

Suite, Apt. #, Etc.

Destin, FL 32541

City

State  
**FL**

Zip Code  
32541

100003554201-7

-01/18/01--01074--023

\*\*\*\*200.00 \*\*\*\*200.00

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

REGISTERED AGENT MUST SIGN

Date 01/04/01

**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
CHIEF MANAGER	JAMES A. MASSEY	% DESTIN YACHT CLUB 320 HIGHWAY 98 EAST, UNIT 1104	DESTIN, FLORIDA 32541

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

Date 01/04/01

Daytime Phone # 901/854-5478

Typed or printed name of signing Managing Member/Manager JAMES A. MASSEY