

PLEASE READ ALL INSTRUCTIONS BEFORE CONSULTING THIS COM

APPLICATION FOR
REINSTATEMENT

Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 29 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # M99000001165

Name and Mailing Address

0007879 01 FP 0.352 **PRSRT T4 0 0615 38017-350111

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MAKAIRA, LLC
711 MOSSWOOD COVE
MEMPHIS TN 38017-3501



2. New Mailing Address City, State, Zip _____		4. State/Country of Formation TN																																					
Principal Place of Business 711 MOSSWOOD COVE MEMPHIS TN 38017		5. Date Organized or Qualified To Do Business in Florida 07/23/1999																																					
3. New Principal Place of Business Address City, State, Zip _____		6. FEI Number 62-1785074																																					
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>																																					
8. Name and Address of Current Registered Agent MASSEY, JAMES A % DESTIN YACHT CLUB 320 HIGHWAY 98 EAST, #104 DESTIN FL 32541		9. Name and Address of New Registered Agent Name _____ City _____ State _____ Zip _____																																					
<div style="border: 2px solid black; padding: 5px; display: inline-block;"> REINSTATEMENT </div>																																							
10. 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 _____ Date <u>OCTOBER 22, 2002</u> <div style="text-align: center;">REGISTERED AGENT MUST SIGN</div>																																							
11. Names and Street Addresses of Each Managing Member/Manager <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Title(s)</th> <th style="width: 30%;">Name of Managing Members/Managers</th> <th style="width: 40%;">Street Address of Each Managing Member/Manager</th> <th style="width: 20%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>MGR</td> <td>MASSEY, JAMES A</td> <td>% 320 HIGHWAY 98 EAST, #104</td> <td>DESTIN FL 32541</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>				Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip	MGR	MASSEY, JAMES A	% 320 HIGHWAY 98 EAST, #104	DESTIN FL 32541																												
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300008666053 10/29/02--01069--011 **150.00 <div style="font-size: 2em; transform: rotate(-15deg); display: inline-block;">10/30/02</div>																																							
12. 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 <u>10/22/02</u> Daytime Phone # <u>901/854-5478</u> Typed or printed name of signing Managing Member/Manager: <u>JAMES A. MASSEY</u>																																							