

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000088219

FILED  
Sep 05, 2007  
Secretary of State

Entity Name: MAKIN' WAVES OF PENSACOLA, INC.

## Current Principal Place of Business:

9075 COVE AVENUE  
PENSACOLA, FL 32534 US

## New Principal Place of Business:

## Current Mailing Address:

9075 COVE AVENUE  
PENSACOLA, FL 32534 US

## New Mailing Address:

FEI Number: 20-3292368

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GREENE, CORY-JO  
9075 COVE AVENUE  
PENSACOLA, FL 32534 US

## Name and Address of New Registered Agent:

GREENE, AARON C  
9075 COVE AVENUE  
PENSACOLA, FL 32534 US

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.

SIGNATURE: AARON C. GREENE

09/05/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: GREENE, CORY-JO  
Address: 9075 COVE AVENUE  
City-St-Zip: PENSACOLA, FL 32534 US

Title: D ( ) Delete  
Name: EISNER, BRIAN J  
Address: 4155 OVERLOOK CIRCLE  
City-St-Zip: PACE, FL 32571 US

Title: D ( ) Delete  
Name: WAY, JAMES M  
Address: 10021 CHEMSTRAND RD LOT 13  
City-St-Zip: PENSACOLA, FL 32514 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: GREENE, AARON C  
Address: 9075 COVE AVENUE  
City-St-Zip: PENSACOLA, FL 32534 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: WAY, JAMES M  
Address: 8645 KINGFISHER LANE  
City-St-Zip: PENSACOLA, FL 32514 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AARON C. GREENE

D

09/05/2007

Electronic Signature of Signing Officer or Director

Date