Florida Department of State

Division of Corporations

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LIMITED LIABILITY REINSTATEMENT

AWHR FOUR, LLC

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M05000005107

1. Limited Liability Company's Name
AWHR FOUR, LLC

12-13 CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1215 Fern Ridge Parkway	1215 Fern Ridge Parkway
Suite, Apt. #, etc. Suite 216	Suite, Apt. #, etc. Suite 216
City & State St. Louis, MO	City & State St. Louis, MO
Zip 63141 Country	Zip 63141 Country

4. State/Country of Formation Delaware

5. Date Organized or Qualified To Do Business In Florida 09/15/2005

6. FEI Number ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional Fee Required

8. Name and Address of Current Registered Agent

Name: C T CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable): 1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.:

City: PLANTATION State: FL Zip Code: 33324

E-mail Address: mbattista@utilitysp.net
(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: Margaret E. Routzahn MARGARET E. ROUTZAHN Date: 6/27/13
REGISTERED AGENT MUST SIGN Assistant Secretary

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/ Managers	Street Address of Each Managing Member/ Manager	City / State / Zip
MGRM	AWHR AMERICA'S WATER HEATER	1215 Fern Ridge Parkway, Ste 216	St. Louis, MO 63141
	RENTALS, LLC		

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 608.408, 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: Date: 06.24.2013 Daytime Phone #: 724-749-1005

Typed or printed name of signing Member/Manager: Edwin E. Westfield, IV, Chief Financial Officer

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