

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M1000000 4668

1. Limited Liability Company's Name
Hydromax USA, LLC

2. Principal Office Address - No P.O. Box #
344 Inderrieden Road

3. Mailing Office Address
PO Box 70

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Chandler, IN

City & State
Chandler, IN

Zip Country
47610 United States

Zip Country
47610 United States

4. State/Country of Formation
Indiana

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number
200602448

Applied For
Not Applicable

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required
for a Certificate of Status

CR2E041 (1/14)

FILED

15 FEB 23 PM 4:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 Zip Code
FL 33324

300269890503
02/23/15--01026--023 **828.15

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

James M. Halpin
REGISTERED AGENT MUST SIGN

James M. Halpin
Assistant Secretary

Date 2/23/2015

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
VP	Steve Lacy	344 Inderrieden Road	Chandler / IN / 47610

S. HAWKES
FEB 23 AM
EXAMINER

REINSTATEMENT

2011-2015

11. E-mail Address: shannon.shoulders@hydromaxusa.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Steve Lacy

Date 02/13/15

Daytime Phone # 812 925 3930

Typed or printed name of signing Authorized Representative/Manager Steve Lacy