

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 OCT 22 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

L-4990

Watermasters of South Florida LLC

2. Principal Office Address

2201 NW 30th Place

Suite, Apt. #, etc.

Suite A

City & State

Pompano Beach, FL

Zip

33069

Country

USA

3. Mailing Office Address

2201 NW 30th Place

Suite, Apt. #, etc.

Suite A

City & State

Pompano Beach, FL

Zip

33069

Country

USA

REINSTATEMENT 200

4. State/Country of Formation

Florida

**5. Date Organized or Qualified
To Do Business in Florida**

4/28/2000

6. FEI Number

None

☒ 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

Joel Kornberg, MD, JD, P.A.

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

7301-A West Palmetto Park Road

Suite, Apt. #, Etc.

Suite 305-C

City

Boca Raton

100004653661-0

-10/25/01--01072--005

****150.00 ****150.00

State

FL

Zip Code

33433

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

JOEL B. KORNBERG

Date 10/18/01

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
MGR	Michael Levine	2201 NW 30 th Place, Suite A	Pompano Bch FL 33069
MGR	CPA.COM, Inc.	2201 NW 30 th Place, Suite A	Pompano Bch FL 33069

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 10-16-01

Daytime Phone #

Typed or printed name of signing Managing Member/Manager