

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000007072

1. Limited Liability Company's Name

Chill Water Solutions, LLC.

2. Principal Office Address - No P.O. Box #

3616 Century Blvd.

Suite, Apt. #, etc.

20

City & State

Lakeland Florida

Zip

33811

Country

Polk

3. Mailing Office Address

P.O. Box 5527

Suite, Apt. #, etc.

City & State

Plant City Florida

Zip

33563

Country

Hillsborough

4. State/Country of Formation

5. Date Organized or Qualified

To Do Business in Florida 05/01/2001

6. FEI Number

59-3729157

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

Debra A. Dumont

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

8318 Cedar Grove Church Road

Suite, Apt. #, Etc.

City

Plant City

State

FL

Zip Code

33567

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

Debra A. Dumont

Date

3-10-09

REGISTERED AGENT MUST SIGN

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
P	Debra A. Dumont	8318 Cedar Grove Church Rd	Plant City Florida 33567
VP	Mark L. Dumont	8318 Cedar Grove Church Rd.	Plant City Florida 33567

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

Debra A. Dumont

Date

3-10-09

Daytime Phone #

813-763-2105

Typed or printed name of signing Managing Member/Manager

Debra A. Dumont

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 MAY -8 AM 11:07

REINSTATEMENT

09 Jan

600145991406
03/17/09--01010--012 **238.75

CR2E041 (10/08)

600145991406
05/07/09--01004--006 **593.75

2-14046