

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
DIVISION OF CORPORATIONS

FILED

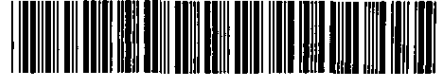
1. DOCUMENT # L01000019639

03 DEC -9 AM 8:55

Name and Mailing Address

0001747 01 AT 0.292 \*\*AUTO TB 0 0615 32225-630000  
UNITED WATER FLORIDA LLC  
1400 MILLCOE ROAD  
JACKSONVILLE FL 32225-6300

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. New Mailing Address 800 Old Hook Road City, State, Zip Harrington Park, NJ 07040		4. State/Country of Formation FL	
Principal Place of Business 1400 MILLCOE ROAD JACKSONVILLE FL 32225		5. Date Organized or Qualified To Do Business in Florida 11/14/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 51-0414314	
		Applied For Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		9. Name and Address of New Registered Agent Name 800024526728 Street Address (P.O. Box or Mailing Address) 11707/03-01106-003 **155.00 City FL Zip Code	
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10. 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 Send a Signature REQUIRED Date 12/3/03  
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRV	GERBER, ROBERT A	200 OLD HOOK RD	HARRINGTON PARK NJ 07640
<del>P</del>	<del>VOLUME, MEL D</del>	<del>200 OLD HOOK RD</del>	<del>HARRINGTON PARK NJ 07640</del>
T	IMPARATO, EDWARD J	200 OLD HOOK RD	HARRINGTON PARK NJ 07640
S	HJELM, CARLA E	200 OLD HOOK RD	HARRINGTON PARK NJ 07640
T	ALGRANATI, MICHAEL	200 OLD HOOK RD	HARRINGTON PARK NJ 07640

REINSTATEMENT 2003

12. 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 Signature REQUIRED Date 10-30-03 Daytime Phone # 201-767-9300

Typed or printed name of signing Managing Member/Manager