

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LD1000019640

FILED

1. DOCUMENT # L01000019640

Name and Mailing Address

0001753 01 AT 0.292 **AUTO TB 0 0615 32225-630000
UNITED WATER FLORIDA OPERATIONS LLC
1400 MILLCOE ROAD
JACKSONVILLE FL 32225-6300

03 DEC -9 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. New Mailing Address 200 Old Hook Road		4. State/Country of Formation FL	
City, State, Zip Harrington Park, NJ 07640		5. Date Organized or Qualified To Do Business in Florida 11/14/2001	
Principal Place of Business 1400 MILLCOE ROAD JACKSONVILLE FL 32225	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 59-3757708	Applied For Not Applicable
8. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
		9. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable) 600024526826 11/07/03--01106--004 **155.00	
		City FL Zip Code	
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 <i>[Signature]</i> REGISTERED AGENT MUST SIGN Date <u>12/3/03</u>			
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
VP	GERBER, ROBERT A	200 OLD HOOK RD	HARRINGTON PARK NJ 07640
X	DE-VOQUE, MEL	200 OLD HOOK RD	HARRINGTON PARK NJ 07640
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 <i>[Signature]</i>	

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]* **REGISTERED AGENT MUST SIGN**

Date 10-30-03 Daytime Phone # 201-707-9300

Typed or printed name of signing Managing Member/Manager