


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L02000021031

1. Limited Liability Company's Name
WATERLUX, LLC

2. Principal Office Address
718 N. Federal Highway

Suite, Apt. #, etc.

City & State
Fort Lauderdale, FL

Zip
33304

Country
Broward

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida 8/15/2002

6. FEI Number 20-1448296

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
L. John Castelli, III

Street Address (P.O. Box Number is Not Acceptable)
718 N. Federal Highway

Suite, Apt. #, Etc.

City
Fort Lauderdale,

State
FL

Zip Code
33304

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

Date

10/14/04

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	Lionel Sanchez	718 N. Federal Highway	Fort Lauderdale, FL 33304

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

10/14/04

Daytime Phone # 954-556-7400

Typed or printed name of signing Managing Member/Manager
Lionel Sanchez

FILED

2004 OCT 28 P 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (10/02)