

277.50

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**ED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # LO3000039769

1. Limited Liability Company's Name

Historic Waterworks LLC

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

1746 10th way

Suite, Apt. #, etc

A-1

City &amp; State

Sarasota FL

Zip

34236

Country

3. Mailing Office Address

P.O. Box 20217

Suite, Apt. #, etc

City &amp; State

Sarasota FL

Zip

34276

Country

4. State/Country of Formation

Sarasota FL

5. Date Organized or Qualified  
To Do Business in Florida

10-16-03

6. FEI Number

200814293

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  
Deborah E Gordon

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

1746 10th way

Suite, Apt. #, Etc.

N/A

City

Sarasota

State

FL

Zip Code

34236

☒ 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.

300164685863

01/25/10 01002 017 4420.75

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

Deborah E Gordon

Date 12-23-09

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
MGR	Frank W. Howell	1746 10th way	Sarasota FL
MGR	TANIA W. Howell	Suite A-1	34236

S. HAWKES

JAN 8 2010

EXAMINER

REINSTATEMENT

416.25

- 277.50

= 138.75

11. E-mail Address

FA0011@COMCAST.NET

(To be used for future annual report notifications)

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

Date 11-23-09

Daytime Phone #

941-921-2607

Typed or printed name of signing Managing Member/Manager



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 11, 2010

HISTORIC WATERWORKS, LLC  
PO BOX 20217  
SARASOTA, FL 34276

SUBJECT: HISTORIC WATERWORKS, L.L.C.  
Ref. Number: L03000039769

We have received your document for HISTORIC WATERWORKS, L.L.C. and your check(s) totaling \$277.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fees to reinstate the limited liability company are as follows: \$100.00 reinstatement fee; \$138.75 filing fee per year for the years 2008 through 2010; and \$5.00 for each certificate of status requested (optional). Therefore, the total amount due at this time is \$138.75.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes  
Regulatory Specialist II

Letter Number: 310A00000763