PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| LIMITED LIABILITY COMPANY REINSTATEMENT  | Secre       | ARTMENT OF STATE tary of State of Corporations | )  | SECRETARY OF STATE IVISION OF CORPORATIONS                                  |
|--|-------------|--|--|---|
| DOCUMENT # L03000049030  1. Limited Liability Company's Name   |             |  |  | 10 JAN -8 PH 2:55   |
| Waters LLC   |             |  | 700163505747<br>12/10/0901039008 **277.50<br>CR2E041 (11/09)   |   |
|  |             |  |  |   |
| 2. Principal Office Address - No P.O. Box # 3. Mailing Offi  |             | Idress   | 4. State/Coun  | try of Formation  |
| Suite, Apt. #, etc. Suite, Apt. #, etc.  |             | 1 G IV   | FI -   | manatee county  |
| Falmetto City & State City & State   |             |  |  | ness in Florida 11/25/2003  |
| F1 34221   | Ellenton Fl |  | 6. FEI Number Applied For Not Applicable   |   |
| 34221 125A   | 34222       | Country  | 7.<br>CERTIFICATE  | OF STATUS DESIRED S5.00 Additional Fee required for a Certificate of Status |
| 8. Name and Address of Current Registered Agent  |             |  | 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. |   |
| Name  Figure Waters  Street Address (P.O. Box Number is Not Acceptable)  2833 9475T E  Suite, Apt. #, Etc.   |             |  |  |   |
| Palmetto F1 34221 FL 34221   |             |  |  |   |
| 9. I, being appointed the registered agent of the above named limited liability company, am familiar with and acce Signature of Registered Agent REGISTERED AGENT MUST SIGN  |             |  |  | Date Dec 8, U9  |
| 10. Names and Street Addresses of Managing Members/Managers  |             |  |  |   |
| Titles Name of Managing Members/Manag  | èrs         | Street Address of Each<br>Managing Member/Mana |  | City / State / Zip  |
| MbR Penney Waters L  |             | 2833 94TASTE Palmetto                          |  | Palmetto F134221  |
| MGR Dayks J. Waters  |             | 37Z ATUP E68G                                  |  | fametto FI 34221  |
| REINSTATEMENT  | 2008 20     | <u> 209</u>                                    |  |   |
|  |             |  |  |   |
| 11. E-mail Address: WHCRS CLC ID UCHO-COM  (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 Managery Koley Walles Date 12/8/09 Daytime Phone # 941-722-6227   |             |  |  |   |
| Typed or printed name of signing Managing Member/Manager Penney L Water S  |             |  |  |   |



RECEIVED

10 JAN -8 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

December 15, 2009

WATERS LLC P O BOX 296 ELLENTON, FL 34222

SUBJECT: WATERS LLC Ref. Number: L03000049030

We have received your document for WATERS LLC and your check(s) totaling \$277.50. However, the document has not been filed and is being retained in this office for the following:

The name of the above referenced limited liability company is no longer available. Please file an amendment changing the name of this entity. The fee to file an amendment is \$25.00.

In order to complete your filings, both the reinstatement application and name change amendment must be submitted together along with the applicable fees for processing.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 209A00038060

Division of Comparations D.O. DOV 6297 Tallaharras Elavida 20214