PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 JAN -8 PM 2:55

700163505747
12/10/09--01039--008 **277.50

CR2E041 (11/09)

DOCUMENT # L03000049030

1. Limited Liability Company's Name

Waters LLC

| 2. Principal Office Address - No P.O. Box # | 3. Mailing Office Address |
|---|---|
| 2823 94TH STE | P.O. Box 296 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| Palmetto | |
| City & State | City & State |
| Fl 34221 | Ellenton Fl |
| Zip / Country | Zip / Country |
| 34221 / USA | 34222 / USA |

4. State/Country of Formation: Fl - manatee County

5. Date Organized or Qualified To Do Business in Florida: 11/25/2003

6. FEI Number: 260075128 ☐ 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: Penney Waters

Street Address (P.O. Box Number is Not Acceptable): 2823 94TH ST E

Suite, Apt. #, Etc.:

City: Palmetto Fl 34221 State: FL Zip Code: 34221

☒ 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.

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: Penney Waters Date: Dec 8, 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 | Penney Waters L | 2823 94TH STE Palmetto | Palmetto Fl 34221 |
| MGR | Dayks J. Waters | 2823 94TH STE | Palmetto Fl 34221 |
| | | | |
| | REINSTATEMENT 2008, 2009 | | |
| | | | |
| | | | |

11. E-mail Address: Waters LLC 1@yahoo.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 Managing Member/Manager: Penney Waters Date: 12/8/09 Daytime Phone #: 941-722-6227

Typed or printed name of signing Managing Member/Manager: Penney L Waters

T. Hampton JAN 11 2010

FLORIDA DEPARTMENT OF STATE
Division of Corporations

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