

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 FEB -8 AM 10:29

<b>DOCUMENT # L04000004314</b>					
<b>1. Entity Name</b> CERTIFIED ELECTRONIC UNDERGROUND LEAK DETECTION LLC					
<b>Principal Place of Business</b> 140 MOSES CREEK BLVD ST. AUGUSTINE, FL 32086			<b>Mailing Address</b> 140 MOSES CREEK BLVD. ST. AUGUSTINE, FL 32086		
<b>2. Principal Place of Business - No P.O. Box #</b> 1006 ARAGON AVE Suite, Apt. #, etc. ST. AUGUSTINE City & State FLORIDA Zip 32086		<b>3. Mailing Address</b> 1960 US #1 SOUTH Suite, Apt. #, etc. ST. AUGUSTINE City & State FLORID Zip 32086			
Country St Johns		Country St-Johns		01302007 REIN-LLC CR2E101 (1/07)	
<b>4. FEI Number</b> 26-6726658				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> SHEA, MICHAEL J <del>140 MOSES CREEK BLVD</del> <del>ST. AUGUSTINE, FL 32086</del> 1006 ARAGON AVE ST. AUGUSTINE, FL 32086			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE <u>Michael J. Shea</u> (NOTE: Registered Agent signature required when reinstating) DATE					
<b>FILE NOW!!! FEE IS \$200.00</b>			Make check payable to Florida Department of State		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHEA, MICHAEL J <del>140 MOSES CREEK BLVD</del> <del>ST. AUGUSTINE, FL 32086</del> 1006 ARAGON AVE ST. AUGUSTINE, FL 32086	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHEA, MICHAEL J 1006 ARAGON AVE ST. AUGUSTINE, FL 32086	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TUNIS, CAROL C <del>140 MOSES CREEK BLVD</del> <del>ST. AUGUSTINE, FL 32086</del> 1006 ARAGON AVE ST. AUGUSTINE, FL 32086	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TUNIS, CAROL C 1006 ARAGON AVE ST. AUGUSTINE, FL 32086	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	400089225674 02/13/07--01035--015 **205.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition	REINSTATEMENT 06-07		
<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.</b>					
SIGNATURE: <u>Michael J. Shea</u> (904) 824-8585 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					