

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 FEB -8 AM 11:00

DOCUMENT # L 04000024255

1. Limited Liability Company's Name

AQUAPHILIC

700066836537

02/28/06--01055--003 **150.00
CR2E041 (8/05)

2. Principal Office Address

4582 TIGUA IS. CT.

Suite, Apt. #, etc.

3. Mailing Office Address

4582 TIGUA IS. CT.

Suite, Apt. #, etc.

City & State

WINTER PARK, FL.

City & State

WINTER PARK, FL.

Zip

32792

Country

USA

Zip

32792

Country

USA

4. State/Country of Formation

FL. / USA

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

16-1701555

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

LENORE HUYNH

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

4582 TIGUA ISLAND CT.

Suite, Apt. #, Etc.

City

WINTER PARK

State

FL

Zip Code

32792

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

Lenore Huynh

REGISTERED AGENT MUST SIGN

Date 01.17.06

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
<u>NORM</u>	<u>LENORE HUYNH</u>	<u>SAME AS ABOVE</u>	<u>"</u>
<u>MARY</u>	<u>COLIN HUYNH</u>	<u>"</u>	<u>"</u>

REINSTATEMENT 05-06

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

Colin Huynh

Date 01.17.06 Daytime Phone # 407.679.3557

Typed or printed name of signing Managing Member/Manager