

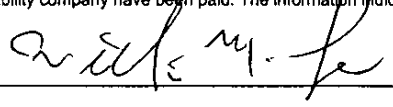


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L04000039839			
1. Limited Liability Company's Name Limno-Tech/HydroQual, LLC			
2. Principal Office Address 400 South Australian Ave Suite, Apt. #, etc. City & State West Palm Beach, FL Zip 33401 Country USA		3. Mailing Office Address 1200 MacArthur Boulevard Suite, Apt. #, etc. City & State Mahwah, NJ Zip 07430 Country USA	
4. State/Country of Formation Florida		5. Date Organized or Qualified To Do Business in Florida 5/26/04	
6. FEI Number 34-1995792		Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent			
Name NATIONAL CORPORATE RESEARCH, LTD., INC.			
Street Address (P.O. Box Number is Not Acceptable) 515 EAST PARK AVENUE			
Suite, Apt. #, Etc.			
City TALLAHASSEE		State FL	Zip Code 32301
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 		Date 9/22/06	
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
MGRM	William M. Leo	1200 MacArthur Boulevard	Mahwah, NJ 07430
MGRM	Paul M. Friedman	501 Avis Drive	Ann Arbor, MI 48108
REINSTATEMENT 2005-2006			
000080311220 09/29/06--01061--016 **250.00			
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 		Date 9/19/06	
Typed or printed name of signing Managing Member/Manager William M. Leo		Daytime Phone # 201-529-5151 x7111	