


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
06 SEP 25 PM 3:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** L04000039839

**1. Limited Liability Company's Name**  
Limno-Tech/HydroQual, LLC

BK  
05

CR2E041 (8/05)

<b>2. Principal Office Address</b> 400 South Australian Ave Suite, Apt. #, etc.		<b>3. Mailing Office Address</b> 1200 MacArthur Boulevard Suite, Apt. #, etc.		<b>4. State/Country of Formation</b> Florida	
City & State West Palm Beach, FL		City & State Mahwah, NJ		<b>5. Date Organized or Qualified To Do Business in Florida</b> 5/26/04	
Zip 33401	Country USA	Zip 07430	Country USA	<b>6. FEI Number</b> 34-1995792	
				Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
<b>7. CERTIFICATE OF STATUS DESIRED</b> <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 *Karen McKeown* Date 9/22/06  
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
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 *William M. Leo* Date 9/19/06 Daytime Phone # 201-529-5151 x7111  
Typed or printed name of signing Managing Member/Manager William M. Leo