

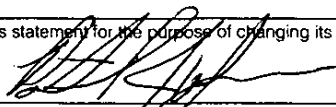
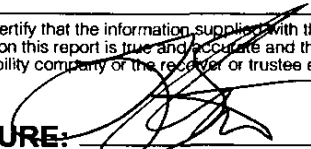


# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

<b>DOCUMENT # L05000025933</b>						<b>FILED</b> 07 OCT -9 PM 2:24 SECURITIES STATE TALLAHASSEE, FLORIDA			
1. Entity Name <b>WEST COAST WATER TECH, LLC</b>				Principal Place of Business <b>2927 MARBLE CREST DR.                  LAND O'LAKES, FL 34638 US</b>				Mailing Address <b>PO BOX 2688                  LAND O'LAKES, FL 34638</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09272007 REIN-LLC CR2E101 (1/07)		4. FEI Number <b>20-8626032</b>		Applied For NOT APPLICABLE	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required		Zip Country Zip Country	
6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY                  1201 HAYS STREET                  TALLAHASSEE, FL 32301</b>				7. Name and Address of New Registered Agent Name <b>Padgett Business Services</b> Street Address (P.O. Box Number is Not Acceptable) <b>2816 Windward Circle Ste 102</b> City <b>Wesley Chapel FL</b> Zip Code <b>33544</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.									
SIGNATURE  <small>Signature, typed or printed name of registered agent and title (if applicable)</small>				DATE <b>9/28/07</b>		(NOTE: Registered Agent signature required when reinstating)			
<b>FILE NOW!!! FEE IS \$150.00                  After January 1, 2008, Fee will be \$200.00</b>				<b>Make check payable to                  Florida Department of State.</b>					
9. MANAGING MEMBERS/MANAGERS					10. ADDITIONS/CHANGES				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STAKER, LOREN 12735 THERIS DRIVE WAYLAND, MI 49348	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200110178452 10/02/07--01023--009 **150.00		<input type="checkbox"/> Change <input type="checkbox"/> Addition	REINSTATEMENT		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STAKER, ROBIN 12735 THERIS DRIVE WAYLAND, MI 49348	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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.									
SIGNATURE:  <b>LOREN STAKER</b>				DATE: <b>9-27-07</b>		DAYTIME PHONE #: <b>813-367-5791</b>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>									