
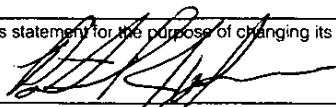
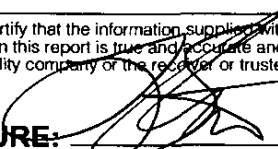


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000025933						FILED 07 OCT -9 PM 2:24 SECURITIES STATE TALLAHASSEE, FLORIDA			
1. Entity Name WEST COAST WATER TECH, LLC				Principal Place of Business 2927 MARBLE CREST DR. LAND O'LAKES, FL 34638 US				Mailing Address PO BOX 2688 LAND O'LAKES, FL 34638	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-8626032		Applied For NOT APPLICABLE			
Zip		Country		Zip		Country			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301				Name Padgett Business Services					
Street Address (P.O. Box Number is Not Acceptable)				Street Address 2816 Windward Circle Ste 102					
City				City Wesley Chapel		State FL			
Zip Code				Zip Code 33544					
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 				DATE 9/28/07					
Signature, typed or printed name of registered agent and title (if applicable).				(NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$200.00				Make check payable to Florida Department of State.					
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200110178452 10/02/07--01023--009 **150.00				
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				
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<h2 style="font-size: 2em; opacity: 0.5;">REINSTATEMENT</h2>									
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: 				Name LOREN STAKER		Date 9-27-07		Daytime Phone # 813-367-5791	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date		Daytime Phone #			