2009 LIMITED LIABILITY COMPANY REINSTATEMENT

SIGNATURE: 3-89
SIGNATURE and TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SECRETARY OF STATE **DOCUMENT # L05000029161** DIVISION OF CORPORATIONS HYDRO FIRE PRESSURE WASHING LLC. 09 MAR 10 AM 10: 04 Mailing Address Principal Place of Business **160 SECRETARY TRAIL** 1800 OLD MOODY BLVD PALM COAST, FL 32164 BUNNELL, FL 32110 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02052009 REIN-LLC CR2E101 (1/07) 4. FEI Number Applied For City & State City & State 20-3892418 Not Applicable \$5.00 Additional Zìp Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **GUERIN, ANTHONY JOWNER** Street Address (P.O. Box Number is Not Acceptable) 160 SECRETARY TRAIL PALM COAST, FL 32164 Zip Code 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. (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable In accordance with s. 607.193(2)(b), F.S., the limited Make check payable to FILE NOWILL FEE IS \$277.50 liability company did not receive the prior notice. Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. Change Addition MGR TITLE TITLE Delete 03/05/09--01037--008 ***27 GUERIN, ANTHONY JOWNER NAME NAME STREET ADDRESS 160 SECRETARY TRAIL STREET ADDRESS PALM COAST, FL 32164 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP П Спалое TITLE ☐ Delete TITI F ☐ Addition NAME REINSTATEMENT 2008: NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS T. Hampton MAR 1 1 2009 CITY-ST-ZIP CITY-ST-7IP 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.

386.577-2810