


# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000122926		
1. Entity Name CLEAN AIR & WATER, LLC		

FILED

07 OCT 16 PM 2:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 37605 PINATA AVENUE ZEPHYRHILLS, FL 33541	Mailing Address 37605 PINATA AVENUE ZEPHYRHILLS, FL 33541
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

10052007 REIN-LLC CR2E101 (1/07)

4. FEI Number 14-1944258	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent	
MAPLE, FRANK S 37605 PINATA AVE. ZEPHYRHILLS, FL 33541	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	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.

SIGNATURE Frank S Maple R.A. Frank S Maple R.A. 10/5/07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00 After January 1, 2008, Fee will be \$100.00	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
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10/10/07--01041--017 \*\*55.00

REINSTATEMENT

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: Frank S Maple Frank S Maple 10/5/07 813-788-4101  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #