🖌 🖉 🥇 PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. トロセリ SECRETARY OF STATE DIVISION OF CORPORATIONS LIMITED LIABILITY FLORIDA DEPARTMENT OF STATE COMPANY Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 10 AUG 26 PM 12: 15 6000076133 DOCUMENT # 1. Limited Liability Company's Name H20 Depotthe 000184335650 08/13/10--01026--016 **238.75 CR2E041 (05/10) 2. Principal Office Address - No P.O. Box # 3. Mailing Office Address PO.1947 Guauc 2016 70 P State/Country of Formation 4 Floricla Volusie Suite, Apt. #, etc. Suite Apt #, etc Date Organized or Qualified To Do Business in Florida City & State City & State Applied For 6. FEI Number 20-5411252 Not Applicable Country \$5.00 Additional Fee required for a Certificate of Status 3 16/115/02 CERTIFICATE OF STATUS DESIRED 6 6 たいひ σ 8. Name and Address of Current Registered Agent Name EQUIDO VEOR YEN 000184335650 08/27/10--01034--007 **377.50 Street Address (P.O. Box Number is Not Acceptable) 1947 Course Suite, Apt. #, Etc. Zip Code Cit State 3 FL 2141 ᢙᡕ ມາ 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. 10 Signature of 2 Registered Ager REGISTERED AGENT MUST SIGN 10. Names and Street Addresses of Managing Members/Managers Name of Managing Members/Managers Street Address of Each Titles City / State / Zip Managing Member/Manager MGRM REQUIERRY -1/2 core 1947 Kusla 1947 MGEMSource MGR Buava 1947 3214 Znehan -35 10, REINSTATEMENT JOD)m911, E-mail Address HzO Derest NC UCPI ~~RR (To be used for future annual report notifications) 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 Daytime Phone #386 -427 -1903 Managing Member/Manager +Typed or printed name of signing Managing Member/Manager

ALLA DE DALLA STILLA DE DALL





RECEIVED

10 AUG 26 PM 4:00

FLORIDA DEPARTMENT OF STATE Division of Corporations SECRETARY OF STATE TALLAHASSEE, FLORIDA

August 16, 2010

H2O DEPOT LLC P O BOX 293 EDGEWATER, FL 32132

SUBJECT: H2O DEPOT LLC Ref. Number: L06000076133

We have received your document for H2O DEPOT LLC and check(s) totaling \$238.75. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$138.75. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

The fees to reinstate the limited liability company are as follows: \$100.00 reinstatement fee; \$138.75 filing fee per year for the years 2009 through 2010; and \$5.00 for each certificate of status requested (optional). Therefore, the total amount due at this time is \$377.50.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton Regulatory Specialist II

Letter Number: 910A00019574

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314