

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

W.Mills

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Limited Liability Company's Name

L17000218233
Aikavita Alkaline Water, LLC

2. Principal Office Address - No P.O. Box #

750 Bent + Baum Rd
Suite, Apt. #, etc.

City & State

Jax. FL

Zip

32205

Country

USA

3. Mailing Office Address

750 Bent + Baum Rd
Suite, Apt. #, etc.

City & State

Jax FL

Zip

32205

Country

USA

8. Name and Address of Current Registered Agent

Name

Savita Jones / 8050 Arlington Hwy

Street Address (P.O. Box Number is Not Acceptable) Suite,

701

Apt. #, Etc.

FL

Jax.

State

FL

Zip Code

32211

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

6/20/24

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MA	Mekhi Sanders	750 Bent + Baum Rd	Jax, FL 32205
ME	Patricia Brooks	3445 Phillips Hwy #200	Jax, FL 32205

11. E-mail Address

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

[Signature]

Date

06/20/24

Daytime Phone #

904-383-8020

FILED
2024 JUN 20 PM 3:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
CR2E041 (1114)

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a certificate of status

200431938442
06/21/24--01009--001 **1000.00

200431938442
06/21/24--01009--002 **71.25

200431938442
06/21/24--01009--003 **25.00