

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 DEC 10 PM 5:10

SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

DOCUMENT # L98000000498

1. Limited Liability Company's Name

Scheck Water Works, L.C.

2. Principal Office Address

4276 Bonita Beach Road

Suite, Apt. #, etc.

City & State

Bonita Springs, Florida

Zip

34134

Country

USA

3. Mailing Office Address

61 Emerald Woods Drive

Suite, Apt. #, etc.

#D-10

City & State

Naples, Florida

Zip

34108

Country

USA

12/10 2001-2002

MIJH

4. State/Country of Formation

Florida

**5. Date Organized or Qualified
To Do Business in Florida**

04/22/1998

6. FEI Number

593506933

Applied For

Not Applicable

7.

CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Anthony R. Valego

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

61 Emerald Woods Drive

Suite, Apt. #, Etc.

#D-10

City

Naples

State

FL

Zip Code

34108

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.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 12/09/2002

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Anthony R. Valego	61 Emerald Woods Drive, #D-10	Naples, FL 34108

11. 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
Managing Member/Manager

ANTHONY R. VALEGO

Date 12/09/02

Daytime Phone # (239) 566-7117

Typed or printed name of signing Managing Member/Manager