


# L99000003347

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FILED**  
2006 APR -7 PM 1:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** 99000003347

**1. Limited Liability Company's Name**  
MARYAIRE, L.L.C.

<b>2. Principal Office Address</b> 1115 6th Street, S.W. Suite, Apt. #, etc.		<b>3. Mailing Office Address</b> 1115 6th Street, S.W. Suite, Apt. #, etc.	
<b>City &amp; State</b> Winter Haven, FL		<b>City &amp; State</b> Winter Haven, FL	
<b>Zip</b> 33880	<b>Country</b> USA	<b>Zip</b> 33880	<b>Country</b> USA

<b>4. State/Country of Formation</b> Florida	
<b>5. Date Organized or Qualified To Do Business in Florida</b> 06/09/1999	
<b>6. FEI Number</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

<b>8. Name and Address of Current Registered Agent</b>		
<b>Name</b> Krieger Electric, Inc., Attn: Robert L. Krieger, President		
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 1115 6th Street, S.W.		
<b>Suite, Apt. #, Etc.</b>		
<b>City</b> Winter Haven	<b>State</b> FL	<b>Zip Code</b> 33880

**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 Robert L. Krieger  
 REGISTERED AGENT MUST SIGN

Date 4-6-06

**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	Applied Aquatic Management, Inc.	4305 Bomber Road	Bartow, FL 33830
MGRM	Krieger Electric, Inc.	1115 6th Street, S.W.	Winter Haven, FL 33880
			100070433331 04/14/06--01019--010 **450.00

**REINSTATEMENT 2000-2006**

**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 Paul C. Myers, Jr. Date 4/4/06 Daytime Phone # 863-533-1882

Typed or printed name of signing Managing Member/Manager Paul C. Myers, Jr., Its Vice President