

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 NOV -1 PM 1:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **0000000000175**

1. Limited Liability Company's Name

AQUAPURE WATER SYSTEMS LLC

2. Principal Office Address

140 N. YEAGER CT

Suite, Apt. #, etc.

City & State

PELHAM AL

Zip

35124

Country

SHELBY

3. Mailing Office Address

140 N. YEAGER CT

Suite, Apt. #, etc.

City & State

PELHAM AL

Zip

35124

Country

SHELBY

4. State/Country of Formation

USA

5. Date Organized or Qualified
To Do Business in Florida

10/98

6. FEI Number

63-1205653

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

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

Shelley Savage

REGISTERED AGENT MUST SIGN

Date **10/25/2004**

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
Pres	MGR CRILLY, JOHN H.	140 N. YEAGER CT	PELHAM, AL 35124
VP	MGR CRILLY, PAMELA J.	140 N. YEAGER CT	PELHAM, AL 35124
VP	MGR SMITH, RICKY D.	140 N. YEAGER CT	PELHAM, AL 35124
VP	MGR BREWSTER, DAVID D.	140 N. YEAGER CT	PELHAM, AL 35124

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

John A. Crilly

Date

10/28/04

Daytime Phone #

256 210 090

Typed or printed name of signing Managing Member/Manager

JOHN A. CRILLY