

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 OCT 25 AM 10:44

DOCUMENT # M04000005704

1. Entity Name
N.A. WATER SYSTEMS, LLC



Principal Place of Business
250 AIRSIDE DRIVE
MOON TOWNSHIP, PA 15108-2793

Mailing Address
250 AIRSIDE DRIVE
MOON TOWNSHIP, PA 15108-2793

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10122005 REIN-LLC CR2E101 (6/04)

City & State

City & State

4. FEI Number
20-1459311

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
After January 1, 2006, Fee will be \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME YENDELL, CRAIG E
STREET ADDRESS 250 AIRSIDE DRIVE
CITY-ST-ZIP MOON TOWNSHIP, PA 151082793

TITLE ☐ Change ☐ Addition
NAME 000060920430
STREET ADDRESS 10/25/05--01049--008 **50.00
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME PHILIPON, REMY
STREET ADDRESS 250 AIRSIDE DRIVE
CITY-ST-ZIP MOON TOWNSHIP, PA 151082793

TITLE MGR ☒ Change ☐ Addition
NAME PHILIPON, REMY
STREET ADDRESS 23562 W. MAIN ST ROUTE 126
CITY-ST-ZIP PLAINFIELD, IL 60544

TITLE MGR ☐ Delete
NAME NIELSON, FINN
STREET ADDRESS 401 HARRISON OAKS BLVD., SUITE 100
CITY-ST-ZIP CARY, NC 27513

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME REINSTATEMENT 2005
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

10/21/05 412-809-6004