

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # M08000002932**

1. Limited Liability Company's Name

Waterstone Utility Services, LLC

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

1455 Alderman Drive

Suite, Apt. #, etc.

City & State

Alpharetta, Georgia

Zip

30005

Country

USA

3. Mailing Office Address

1455 Alderman Drive

Suite, Apt. #, etc.

City & State

Alpharetta, Georgia

Zip

30005

Country

USA

4. State/Country of Formation

Georgia/USA

5. Date Organized or Qualified

To Do Business in Florida Nov. 27, 2007

6. FEI Number

26-1493710

☐ 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

INCORP SERVICES, INC.

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

17888 67TH COURT NORTH

Suite, Apt. #, Etc.

City

LOXAHATCHEE

State

FL

Zip Code

33470

☒ A \$100 reinstatement fee is imposed, except  
in circumstances which the entity did not  
receive the prior notices. By checking this  
box, you are certifying the prior notices were  
not received and requesting the \$100  
reinstatement be waived.

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

on behalf of Incorp Services, Inc.

REGISTERED AGENT MUST SIGN

Date 9/24/09

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	James Bernard	4305 Courageous Wake	Alpharetta, GA 30005

**REINSTATEMENT**

08/28/09--01020--013 \*\*25.00

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

Date 09/14/2009

Daytime Phone # 770-752-7325

Typed or printed name of signing Managing Member/Manager James H Bernard