

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M15000006926**

1. Limited Liability Company's Name
UWP, LLC

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CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # 1937 Fairport Nine Mile Point Rd Suite, Apt. #, etc.		3. Mailing Office Address 1937 Fairport Nine Mile Point Rd Suite, Apt. #, etc.	
City & State Penfield		City & State Penfield	
Zip 14526	Country Monroe	Zip 14526	Country Monroe

4. State/Country of Formation
New York State

5. Date Organized or Qualified
To Do Business in Florida
09/01/2015

6. FEI Number
45-5191163

☐ 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 C T 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

800319946528

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

Peter Trawinski
Assistant Secretary

Date 10/18/2018

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
CIO	Jennifer Handler	1937 Fairport Nine Mile Pt Rd	Penfield, NY 14526
CEO	Anthony Handler	1937 Fairport Nine Mile Pt Rd	Penfield, NY 14526

OCT 19 2018

C. SNEAD

11. E-mail Address: info@prowatercross.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Jennifer Handler
Pro-Manager

Date 10/15/2018

Daytime Phone # 585-330-8244

Typed or printed name of signing Authorized Representative/Manager Jennifer Handler

CT Corp.

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 10/19/2018

Acc#120160000072



Name:	UWP, LLC
Document #:	
Order #:	11219399

Certified Copy of Arts & Amend:	<input type="checkbox"/>			
Plain Copy:	<input type="checkbox"/>			
Certificate of Good Standing:	<input type="checkbox"/>			
	<input type="checkbox"/>			
Apostille/Notarial Certification:	<input type="checkbox"/>		Country of Destination:	
			Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified:
	Plain:
	COGS:

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OFFICE OF STATE
18 OCT 19 AM 11:14

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 238.75

Thank you!