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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

L. SELLERS
SEP 22 2008
EXAMINER

LIMITED LIABILITY REINSTATEMENT

CHARGER WATER TREATMENT PRODUCTS, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$377.50

RECEIVED
08 SEP 19 PM 12:05
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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (12/07)

DOCUMENT # M99-447

1. Limited Liability Company's Name
CHARGER WATER TREATMENT PRODUCTS, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
8150 LEHIGH	20 S CLARK ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	SUITE 2301
City & State	City & State
MORTON GROVE, IL	CHICAGO, IL
Zip / Country	Zip / Country
60053 / US	60603 / US

4. State/Country of Formation
ILLINOIS

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number
36-4187165
☐ 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
THE PRENTICE HALL CORPORATION SYSTEM, INC

Street Address (P.O. Box Number is Not Acceptable)
1201 HAYES STREET

Suite, Apt. #, Etc.

City: TALLAHASSEE | State: FL | Zip Code: 32301

☐ 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: Doreen Wallace — Doreen Wallace, Assistant Vice President — Date: 9/18/2008
REGISTERED AGENT MUST SIGN

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
Mgr	STEVEN FEIGER	8150 LEHIGH	Morton Grove IL 60053

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: /s/ Steven Feiger — Date: 9/18/2008 — Daytime Phone #: 312/977-9119

Typed or printed name of signing Managing Member/Manager: STEVEN FEIGER