

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

2001  
**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

01 OCT 25 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

M99-828

1. Limited Liability Company's Name

Aqua Perfect of Florida, LLC

2. Principal Office Address

224 Central Pkwy

Suite, Apt. #, etc.

Ste 1014

City & State

Altamonte Springs FL

Zip

32714

Country

USA

3. Mailing Office Address

11003 Bluegrass Pkwy

Suite, Apt. #, etc.

Ste 420

City & State

Louisville KY

Zip

40299

Country

USA

4. State/Country of Formation

Kentucky / USA

5. Date Organized or Qualified  
To Do Business in Florida

10-20-99

6. FEI Number

59-3551827

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

Jim A. Kincer, Jr.

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

224 Central Pkwy Ste 1014

Suite, Apt. #, Etc.

City

Altamonte Springs

State

FL

Zip Code

32714

500004666715-5

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\*\*\*\*\*50.00 \*\*\*\*\*50.00

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

Jim Kincer, Jr.

REGISTERED AGENT MUST SIGN

Date 10-22-01

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
	Jim Kincer	11003 Bluegrass Pkwy Ste 420	Louisville, KY 40299

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

Jim Kincer

Date 10-22-01

Daytime Phone # 502-267-8495

Typed or printed name of signing Managing Member/Manager

Jim Kincer

CR2E041 (9/01)