PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUL 19 PM 1:37
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

7/19

DOCUMENT #

1. Limited Liability Company's Name
AquaPerfect Water of Florida, LLC

M99000000828

2. Principal Office Address	3. Mailing Office Address
224 Central PKwy #1014	3231 Ruckriegel PKwy
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	#113
City & State	City & State
Altamonte Springs FL	Louisville KY
Zip 32714 Country USA	Zip 40299 Country USA

4. State/Country of Formation: Kentucky USA
5. Date Organized or Qualified To Do Business in Florida: 6-4-99
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
Suite, Apt. #, Etc.: #1014
City: Altamonte Springs State: FL Zip Code: 32714

500039863335
08/04/04--01015--005 **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: [signature] REGISTERED AGENT MUST SIGN Date: 6-23-04

CR2E041 (10/02)

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	Jim A Kincer	3231 Ruckriegel PKwy #113	Louisville KY 40299
		2002	
	REINSTATEMENT 2003-2004		

100038283071
06/25/04 01049-002 **205.00

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: [signature] Date: 6-23-04 Daytime Phone #: 407-682-3748

Typed or printed name of signing Managing Member/Manager: Jim A. Kincer