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MAR. 17 2004 1:17PM CORPORATION SVC CO NO. 8[illegible]335 P. 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAR 17 PM 2:01
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # M99000001952

1. Limited Liability Company's Name
WATAVISION, L.L.C.

2. Principal Office Address	3. Mailing Office Address
17200 Ventura Blvd.	17200 Ventura Blvd.
Suite, Apt. #, etc. Ste. 206	Suite, Apt. #, etc. Ste. 206
City & State Encino, CA	City & State Encino, CA
Zip 91316 Country USA	Zip 91316 Country USA

4. State/Country of Formation: Arizona, USA

5. Date Organized or Qualified To Do Business in Florida: 12/10/1999

6. FEI Number: 95-4661089 ☐ 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: Pohl & Short, P.A.

Street Address (P.O. Box Number is Not Acceptable): 280 W. Canton Ave., Ste. 410

Suite, Apt. #, Etc.:

City: Winter Park State: FL Zip Code: 32789

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: Pohl & Short, P.A. By: [signature] Date: March 17, 2004

Authorized Signatory for Pohl & Short, P.A.

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Sylan, Inc.	17200 Ventura Blvd., Ste. 206	Encino, CA 91316

REINSTATEMENT 04-04 JM

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 608.408, 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: 3/16/04 Daytime Phone #: 818-783-4343

Typed or printed name of signing Managing Member/Manager: Sylan, Inc., Managing Member

By: Martin Landis, CEO of Sylan, Inc.

Florida Department of State
Division of Corporations
Public Access System

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LIMITED LIABILITY REINSTATEMENT

WATAVISION, L.L.C.

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