

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2004 MAR 16 AM 8:35
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L020000001349

1. Limited Liability Company's Name
EnviroCap, LLC

100030575011
03/16/04--01089--012 **205.00

2. Principal Office Address 2111 W. Swann Avenue		3. Mailing Office Address 2111-W. Swann Avenue	
Suite, Apt. #, etc. #200		Suite, Apt. #, etc. #200	
City & State Tampa, FL		City & State Tampa, FL	
Zip 33606	Country USA	Zip 33606	Country USA

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 01/15/02	
6. FEI Number 26-0030850	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name Robert K. Beard	
Street Address (P.O. Box Number is Not Acceptable) 2301 South Carolina Avenue	
Suite, Apt. #, Etc.	
City Tampa	State FL
	Zip Code 33629

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 Robert K. Beard Date 3/9/04
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	Robert Beard	2301 S. Carolina Avenue	Tampa, FL 33629
MGR	Gary Joseph	601 Cliffgate Lane	Castle Rock, CO 80104
MGR	Steve Anderson	39 Hudson Street	Redwood City, CA 94062
MGR	David Scher	503 Erie Avenue	Tampa, FL 33606

REINSTATEMENT 2003-04a

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 Robert K. Beard Date 3/9/04 Daytime Phone # 813.341.3650
Typed or printed name of signing Managing Member/Manager Robert K. Beard

CR2ED41 (10/02)