

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2006 MAY 17 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500075384605
05/26/06--01059--020 **250.00
CR2E041 (8/05)

DOCUMENT # L0200009503

1. Limited Liability Company's Name

Florida Mitigation Providers, L.L.C.

BR
04

2. Principal Office Address

841 Prudential Drive

Suite, Apt. #, etc.

Suite 1430

City & State

Jacksonville, FL

Zip

32207

Country

USA

3. Mailing Office Address

841 Prudential Drive

Suite, Apt. #, etc.

Suite 1430

City & State

Jacksonville, FL

Zip

32207

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

04/23/2002

6. FEI Number

43-1981258

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

Gresham R. Stoneburner

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

841 Prudential Drive

Suite, Apt. #, Etc.

Suite 1400

City

Jacksonville,

State

FL

Zip Code

32207

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

Gresham R. Stoneburner

REGISTERED AGENT MUST SIGN

Date

5/16/06

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
MGRM	Cheyenne Environmental, LLC	841 Prudential Dr., Ste1430	Jacksonville, FL 32207

REINSTATEMENT 2004-2006

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

3/16/06

Daytime Phone #

904 8214322

Typed or printed name of signing Managing Member/Manager