2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000036749

1. Entity Name
ENVIRONMENTAL COMPLIANCE EQUIPMENT MANUFACTURING, LLC

FILED
09 FEB 17 PM 2:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1410 PARK LANE SOUTH JUPITER, FL 33458	1410 PARK LANE SOUTH JUPITER, FL 33458

01302009 REIN-LLC CR2E101 (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1410 Park Lane South	PO Box 1867
Suite, Apt. #, etc.: Suite 3	Suite, Apt. #, etc.
City & State: Jupiter, FL	City & State: Jupiter, FL
Zip: 33458 Country: US	Zip: 33468 Country: US

4. FEI Number: 20-8811329 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HARDING, GEORGE E 1645 PALM BEACH LAKES BLVD., STE 1200 WEST PALM BEACH, FL 33401	Name: Chris Willette Street Address (P.O. Box Number is Not Acceptable): 3421 Harbor Road South City: Tequesta FL Zip Code: 33469

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ 2-2-09
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $277.50

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MBR NAME STREET ADDRESS CITY-ST-ZIP	Chris Willette 3421 Harbor Road S Tequesta, FL 33469 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 200143411742 02/11/09--01041--003 **277.50
TITLE MBR NAME STREET ADDRESS CITY-ST-ZIP	Andrew Hyatt 1125 SW Tiburon Way Palm City, FL 34990 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition S. HAWKES
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	FEB 18 2009 ☐ Change ☐ Addition EXAMINER
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

REINSTATEMENT
2008-09

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ 2-2-09 748-4864
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #