


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

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SECRETARY OF REVENUE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L15000090490**

1. Limited Liability Company's Name
ENVIROBASIC, LLC

2. Principal Office Address - No P.O. Box # 4000 STATE ROAD 60 EAST		3. Mailing Office Address SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MULBERRY, FL		City & State	
Zip 33860-7958	Country USA.	Zip	Country

CR2ED41 (1/14)

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number 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
GEORGE C. BROOKS

Street Address (P.O. Box Number is Not Acceptable) Suite
4000 STATE ROAD 60 EAST

Apt. #, Etc.

City
MULLBERRY

State
FL

Zip Code
33807958

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12/29/16--01008--018 **238.75

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent *George C. Brooks* Date 12/26/16

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGR.	GEORGE C. BROOKS	WILMINGTON GAC. ^{Bldg-9} Apt. 204	LAKELAND FL 33813

REINSTATEMENT

DEC 29 2016
R. HUNT

11. E-mail Address None

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member *George C. Brooks* Date 2/26/16 Daytime Phone # 863-512-0764

Typed or printed name of signing authorized representative/member _____