

**1701000000415**

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To:  
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Fax Number : (850)205-0383

From:  
Account Name : ROGERS, TOWERS, BAILEY, ET AL  
Account Number : 076666002273  
Phone : (904)398-3911  
Fax Number : (904)396-0663

**LIMITED LIABILITY REINSTATEMENT**

**GATEWAY DISPOSAL SERVICES, LLC**


Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$200.00

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NO. 1850 P. 2  
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # M01000000415</b>			
1. Limited Liability Company's Name <b>Gateway Disposal Services, LLC</b>			
2. Principal Office Address <b>9995 Gate Parkway N.</b>		3. Mailing Office Address <b>9995 Gate Parkway N.</b>	
Suite, Apt. #, etc. <b>Suite 200</b>		Suite, Apt. #, etc. <b>Suite 200</b>	
City & State <b>Jacksonville, Florida</b>		City & State <b>Jacksonville, Florida</b>	
Zip <b>32246</b>	Country <b>USA</b>	Zip <b>32246</b>	Country <b>USA</b>
4. State/Country of Formation <b>Delaware</b>		5. Date Organized or Qualified To Do Business in Florida <b>2/22/01</b>	
6. FBI Number <b>59-3699605</b>		Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>			

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 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA  
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8. Name and Address of Current Registered Agent

Name: **Michael A. Wodrich**

Street Address (P.O. Box Number is Not Acceptable): **1301 Riverplace Blvd.**

Suite, Apt. #, Etc.: **Suite 1500**

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: *[Signature]* Date: **1/2/03**

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
PST	Charles C. Appleby	9995 Gate Parkway N.	Jacksonville, Florida 32246
VP	Robert L. Crawford	9995 Gate Parkway N.	Jacksonville, Florida 32246

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: **1/2/03** Daytime Phone: **(904) 737-7900**

Typed or printed name of signing Managing Member/Manager: **Robert L. Crawford**

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