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TALLAHASSEE, FLORIDA

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To:
Division of Corporations
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
 NO. 000 002

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M01000000415					
1. Limited Liability Company's Name Gateway Disposal Services, LLC					
2. Principal Office Address 9995 Gate Parkway N.			3. Mailing Office Address 9995 Gate Parkway N.		
Suite, Apt. #, etc. Suite 200			Suite, Apt. #, etc. Suite 200		
City & State Jacksonville, Florida			City & State Jacksonville, Florida		
Zip 32246	Country USA	Zip 32246	Country USA	4. State/Country of Formation Delaware	
				5. Date Organized or Qualified To Do Business in Florida 2/22/01	
				6. FBI Number 59-3699605	Applied For <input type="checkbox"/> Not Applicable
				7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <small>5991-A (01/01) (03/01) (03/01)</small>	

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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.

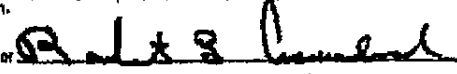
Signature of Registered Agent  Date **1/2/03**

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  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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