

M01000002441

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L. SELLERS

APR 23 2009

EXAMINER

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LIMITED LIABILITY REINSTATEMENT

WASTE WATCHERS OF JACKSONVILLE, LLC

Certificate of Status	0
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Page Count	02
Estimated Charge	\$377.50

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LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

SECRETARY OF STATE TALLAHASSEE FLORIDA

DOCUMENT # M01000002441

1. Limited Liability Company's Name

Waste Watchers of Jacksonville, LLC

CR28041 (10/08)

2. Principal Office Address - No P.O. Box # 5074 Shawland Road		3. Mailing Office Address PO Box 449		4. State/Country of Formation South Carolina	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Date Organized or Qualified To Do Business in Florida 10/24/2001	
City & State Jacksonville, FL		City & State Isle of Palms, SC		6. FEI Number 571122668	
Zip 32254	Country USA	Zip 29451	Country USA	7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent		<input type="checkbox"/> A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.
Name CT Corporation System		
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road		
Suite, Apt. #, Etc.		
City Plantation	State FL	

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: Ternell Kearney Ternell Kearney Asst. Secretary Date: 4/22/09

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
MGR	C Ray Wrenn	1032 Walter Road	Bonneau, SC 29431
REINSTATEMENT 08-09			

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 bear the same legal effect as if made under oath.

Signature of Managing Member/Manager: C Ray Wrenn Date: 4/20/2009 Daytime Phone # 843-416-8894

Typed or printed name of signing Managing Member/Manager: C. Ray Wrenn

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