PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILEU 2004 AUG 16 PM 4:28
DOCUMENT# LO2000036930		DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA
1. Limited Liability Company's Name		TALLAHASSEE, FLORIDA
Soil & Water Environment LIC		,
2. Principal Office Address	3. Mailing Office Address	
17702 Crystal Core Pl	Same	4. State/Country of Formation
Suite, Apt. #, etc.	_Suite, Apt.,#, etc.	5. Date Organized or Qualified
Suite Soo	City & State	To Do Business in Florida
Latz FL	City di State	6. FEI Number Applied For 56 - 2299112 Not Applicable
Zin Country	Zip	
33548 USA		CERTIFICATE OF STATUS DESIRED 55.00 Additional Fee required for a Certificate of Status
8. Name and Address of Current Registered Agent		
Name Mi Weel T Mann 400039527084 Street Address (P.O. Box Number is Not Acceptable) 07/26/04-01044-001 **205.00		
Silver Address P. O. Box Million is to the course of the silver of the s		
Suite, Apt. #, Etc. Common Suite Apr. # Etc. Common Suite Apr. Com		
City Lutz State Zip Code FL 33546		
Signature of Registered Agent REGISTERED AGENT MUST SIGN REGISTERED AGENT MUST SIGN		
10. Names and Street Addresses of Managing Members/Managers		
Titles Name of Managing Members/ Manage	Street Address of E. Managing Member/Ma	
Pres Michael J Mann, makin 7702 Crystal Cove Pt, men Letz, FL-33548-		
VP Janis B Mann, MGRATTOZ Crystal Cove Pl, Merkutz, FL 33548		
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ATENENT 2003-04		
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 608.406, 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 7/22(04) Daytime Phone# 8/3-909-827 \$ Typed or printed name of signing Managing Member/Manager Michael J Managing		
Typed or printed name of signing Managing Member/Manager / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 /		