

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 FEB 24 AM 9:41

DOCUMENT # L00000006374

1. Limited Liability Company's Name

FLORIDA BIOMASS ENERGY GROUP, LLC

900067305519
03/07/06--01018--024 **355.00
CR2E041 (8/05)

2. Principal Office Address

1198 Gulf Breeze Parkway

Suite, Apt. #, etc.

Suite 6

City & State

Gulf Breeze, FL

Zip 32561

Country

US

3. Mailing Office Address

1198 Gulf Breeze Parkway

Suite, Apt. #, etc.

Suite 6

City & State

Gulf Breeze, FL

Zip 32561

Country

US

4. State/Country of Formation

Florida

**5. Date Organized or Qualified
To Do Business in Florida**

06/02/2000

6. FEI Number

04-37066390

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

Allen N. Sharpe

Street Address (P.O. Box Number is Not Acceptable)

1198 Gulf Breeze Parkway

Suite, Apt. #, Etc.

Suite 6

City

Gulf Breeze

State
FL

Zip Code

32561

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

Allen N. Sharpe

REGISTERED AGENT MUST SIGN

Date 2-21-06

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mgr.	Allen N. Sharpe	1198 Gulf Breeze Parkway	Gulf Breeze, FL 32561

REINSTATEMENT 02-06

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

Allen N. Sharpe

Date 2-22-06

Daytime Phone # 850-916-1300

Typed or printed name of signing Managing Member/Manager

ALLEN N. SHARPE