

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L00000007677

1. Limited Liability Company's Name

Sundew Mitigation Bank, L.L.C.

2. Principal Office Address

841 Prudential Drive

Suite, Apt. #, etc.

Suite 1430

City & State

Jacksonville, FL

Zip
32207

Country
USA

3. Mailing Office Address

841 Prudential Drive

Suite, Apt. #, etc.

Suite 1430

City & State

Jacksonville, FL

Zip
32207

Country
USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida

06/19/2000

6. FEI Number

63-1260226

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

Gresham R. Stoneburner

100075384981

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

841 Prudential Drive

05/26/06--01059--024 **250 00

Suite, Apt. #, Etc.

Suite 1400

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

Gresham R. Stoneburner

REGISTERED AGENT MUST SIGN

Date

5/19/06

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
MGRM	Cheyenne Environmental, LLC	841 Prudential Dr., Ste1400	Jacksonville, FL 32207

REINSTATEMENT 2004-2006

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

Ernest Hale

Date

5/19/06

Daytime Phone #

904-821-4322

Typed or printed name of signing Managing Member/Manager

Ernest Hale, President of Cheyenne Environmental, LLC, Managing Member