

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY**

**REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 OCT 31 AM 11:14

DOCUMENT # L00000010716

1. Limited Liability Company's Name

Arena Landfill & Sand, LLC

2. Principal Office Address

5105 Arena Road

Suite, Apt. #, etc.

City & State

Crestview, Florida

Zip

32536

Country

USA

3. Mailing Office Address

P O Box 398

Suite, Apt. #, etc.

City & State

Crestview, FL

Zip

32536-0398

Country

USA

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified  
To Do Business in Florida

Sept 5, 2000

6. FEI Number

52-2274682

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

Stacy Nicole Lingenfelter

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

2606 Pinto Lane

Suite, Apt. #, Etc.

City

Crestview

State  
FL

Zip Code  
32536

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

*Stacy Nicole Lingenfelter*

REGISTERED AGENT MUST SIGN

Date 10/18/02

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	Sheron Yvonne Lingenfelter	748 St. John Cove	Niceville, FL 32578
MGRM	Charles Henry Lingenfelter, Jr	748 St. John Cove	Niceville, FL 32578

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

*Sharon Y Lingenfelter*

Date 10/18/02

Daytime Phone # 850-682-5858

Typed or printed name of signing Managing Member/Manager

Sharon Y Lingenfelter

CR2E041 (9/01)

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**ARENA LANDFILL & SAND, LLC**

P. O. BOX 398

CRESTVIEW, FL 32536-0398

PHONE: (850) 682-5858

FAX: (850) 682-5866

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October 18, 2002

Florida Department of State  
Division of Corporations  
Registration Section  
P. O. Box 6327  
Tallahassee, FL 32314

FILED  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
OCT 31 AM 11:14

RE: Limited Liability Company Reinstatement

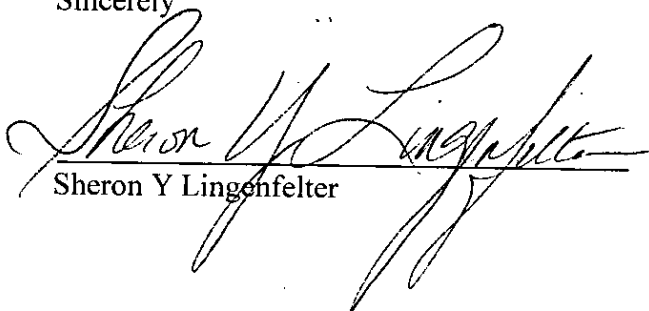
To Whom It May Concern:

Enclosed please find the completed Limited Liability Company Reinstatement form along with a check for \$50.00. As per my telephone conversation this date with Joey in the Reinstatement section, I am forwarding the necessary information to reinstate Arena Landfill & Sand, LLC. I explained to Joey that I did not receive the annual report for the 2002 year. Apparently it was lost in the mail or was not properly forwarded to our new post office box.

I spoke with Janice at the Florida Division of Workers' Compensation office this date and she informed me of the "Inactive status" due to the Annual Report not being paid in 2002. Janice provided me with information to contact the Division of Corporations in order to resolve this situation – she was extremely helpful.

Thank you for your attention in this matter.

Sincerely



Sharon Y Lingenfelter