

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 SEP 25 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L 01000004071

1. Limited Liability Company's Name

ALTERNATIVE FUEL SOLUTIONS, LLC

2. Principal Office Address

ROUTE 9, Box 2050-2

Suite, Apt. #, etc.

City & State

LAKE CITY, FL

Zip

32024

Country

USA

3. Mailing Office Address

P.O. Box 2111

Suite, Apt. #, etc.

City & State

LAKE CITY, FL

Zip

32056

Country

USA

4. State/Country of Formation

FLORIDA USA

5. Date Organized or Qualified
To Do Business in Florida

3-16-2001

6. FEI Number

59-3709533

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$500 Additional Fee required
for a Certificate of Status

8. Name and Address of Cur

Name

EDWARD C. WHITE, JR

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

Route 9, Box 2050-2

Suite, Apt. #, Etc.

City

LAKE CITY

600018575276

05/08/03--01085--003 **100.00

600018575276

06/24/03--01015--001 **00.00

State

FL

Zip Code

32024

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

Edward C. White, Jr.

Date

REGISTERED AGENT MUST SIGN

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	EDWARD C. WHITE, JR.	Route 9, Box 2050-2	LAKE CITY, FL 32024
MGRM	DIANE B. WHITE	Route 9, Box 2050-2	LAKE CITY, FL 32024
MGRM	W.E. BISHOP, JR.	Route 9, Box 2050-2	LAKE CITY, FL 32024

2002-2003
REINSTATEMENT

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

Edward C. White, Jr.

Date

Daytime Phone #

Typed or printed name of signing Managing Member/Manager