

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**  
**Secretary of State**  
**DIVISION OF CORPORATIONS**

L01000017488

**FILED**

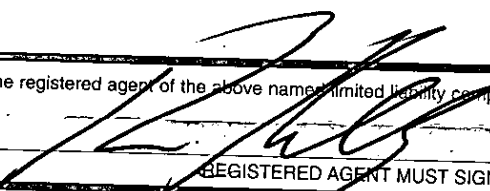
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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

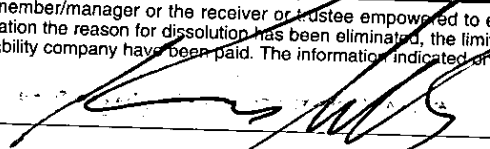
**1. DOCUMENT #** L01000017488  
**Name and Mailing Address**

0007192 01 FP 0.352 \*\*PRSRT T2 0 0615 27609-680075  
  
LIVE OAK C&D LANDFILL, LLC  
4030 WAKE FOREST ROAD, SUITE 300  
RALEIGH NC 27609-6800



<b>2. New Mailing Address</b> 178 West River Road City, State, Zip Palatka, FL 32177		<b>4. State/Country of Formation</b> FL																													
<b>Principal Place of Business</b> 4030 WAKE FOREST ROAD, SUITE 300 RALEIGH NC 27609		<b>5. Date Organized or Qualified To Do Business in Florida</b> 10/10/2001																													
<b>3. New Principal Place of Business Address</b> City, State, Zip		<b>6. FEI Number</b> 66-2274073																													
<b>8. Name and Address of Current Registered Agent</b> EBERLIN, KYLE 178 WEST RIVER ROAD PALATKA FL 32177		<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$5.00 Additional Fee required for a Certificate of Status</b>																													
<b>9. Name and Address of New Registered Agent</b> Name: Ken Kelly Street Address (P.O. Box Number is Not Acceptable): 178 West River Rd. City: Palatka, FL 32177		<b>10. 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.</b> Signature of Registered Agent:  <b>REGISTERED AGENT MUST SIGN</b> Date: 12-6-02																													
<b>11. Names and Street Addresses of Each Managing Member/Manager</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Title(s)</th> <th>Name of Managing Members/Managers</th> <th>Street Address of Each Managing Member/Manager</th> <th>City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>MBRM</td> <td>Ken Kelly</td> <td>178 West River Rd.</td> <td>Palatka, FL 32177</td> </tr> <tr> <td>MBRM</td> <td>Steve Goble</td> <td>4030 Wake Forest Rd. Suite 300</td> <td>Raleigh, NC 27609</td> </tr> <tr> <td>MBRM</td> <td>Jim Gleason</td> <td>4030 Wake Forest Rd. Suite 300</td> <td>Raleigh NC 27609</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>				Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip	MBRM	Ken Kelly	178 West River Rd.	Palatka, FL 32177	MBRM	Steve Goble	4030 Wake Forest Rd. Suite 300	Raleigh, NC 27609	MBRM	Jim Gleason	4030 Wake Forest Rd. Suite 300	Raleigh NC 27609												
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**12. 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: 1/10/03 Daytime Phone #: 386-325-1684

Typed or printed name of signing Managing Member/Manager: \_\_\_\_\_

REINSTATEMENT

2002 JB