PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 28 PM 5:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000017488

Name and Mailing Address

000152401 AT 0292 **AUTO T7 3 0615 32177-860778
LIVE OAK C&D LANDFILL, LLC
178 WEST RIVER ROAD
PALATKA FL 32177-8607

MJH

10/28 2003

1. New Mailing Address
6897 County Rd 795
City State Zip
Live Oak FL 32060

4. State/Country of Formation
FL

5. Date Organized or Qualified To Do Business in Florida 10/10/2001

2. Principal Place of Business
4030 WAKE FOREST ROAD, SUITE 300
RALEIGH NC 27609

3. New Principal Place of Business Address
City State Zip

6. FEI Number
56-2274073

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
KELLY, KEN
178 WEST RIVER ROAD
PALATKA FL 32177

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
400024186024
10/28/03--01000--000 **150.00
City FL Zip Code

having been named the registered agent of the above reinstated limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent
REGISTERED AGENT MUST SIGN
Date 10/17/03

10. Name and Street Address of Each Managing Member/Manager

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	KELLY, KEN	178 WEST RIVER RD.	PALATKA FL 32177
MGRM	GOODE, STEVE	4030 WALCE-FOREST RD., STE. 300	RALEIGH NC 27609
MGRM	GLEASON, JIM	4030 WALCE FOREST RD. STE. 300	RALEIGH NC 27609

REINSTATEMENT 2003

11. I certify that I am managing member-manager or the natural person empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement with 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 contained on the 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 10/17/03 Daytime Phone # 386-325-1684

Typed or printed name of signing Managing Member/Manager

CR2E031 (10/03)