

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR 21 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300013039853
02/24/03--01081--001 **150.00

1. DOCUMENT # L01000020299

Name and Mailing Address

0011298 01 SP 0.370 **SGLP 0615 32043

BY-PRODUCTS MANAGEMENT, L.C.
1825 LAQUINTA COURT
GREEN COVE SPRINGS FL 32043



2. New Mailing Address

City, State, Zip

Principal Place of Business

1825 LAQUINTA COURT
GREEN COVE SPRINGS FL 32043

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

11/26/2001

6. FEI Number

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

HOULD, STEPHEN A
444 THIRD STREET
NEPTUNE BEACH FL 32266

9. Name and Address of New Registered Agent

Name

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

300013039853
03/13/03--01008--001 **50.00

City

FL

Zip Code

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.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date OCT. 19, 2002

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	GORDON, RUSSELL B SR.	1216 TRAILWOOD DRIVE	NEPTUNE BEACH FL 32266
MGR	WILLIAMSON, ROBERT P	1825 LAQUINTA COURT	GREEN COVE SPRINGS FL 32043

REINSTATEMENT 02-03

AL

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

[Signature]
ROBERT P. WILLIAMSON

Date MARCH 10, 03 Daytime Phone # 904-244-7980

Typed or printed name of signing Managing Member/Manager

ROBERT P. WILLIAMSON