

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**L0206000014**

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



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

**DOCUMENT # L02000000014**

**1. Limited Liability Company's Name**

ENVIROGEN, LLC

10/4/02

**2. Principal Office Address**

12085 Research Drive

Suite, Apt. #, etc.  
Suite

City & State  
Alachua FL

Zip  
32615

Country  
US

**3. Mailing Office Address**

12085 Research Drive

Suite, Apt. #, etc.

City & State  
Alachua FL

Zip  
32615

Country  
US

**4. State/Country of Formation**

Alachua County, FL

**5. Date Organized or Qualified  
To Do Business in Florida**

12-28-01

**6. FEI Number**

52-2373295

Applied For

Not Applicable

**7. CERTIFICATE OF STATUS DESIRED** ☐

\$5.00 Additional Fee required  
for a Certificate of Status

**FILED**  
02 OCT 22 PM 12:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**8. Name and Address of Current Registered Agent**

Name

JOHN B. ROGERS

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

12085 Research Drive

Suite, Apt. #, Etc.

City

Alachua

State  
FL

Zip Code  
32615

400008528934  
10/22/02--01142--002 \*\*151.00

**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

*[Signature]*

Date 10-16-02

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
Mgr.	JOHN B. ROGERS	12085 Research Drive	Alachua FL 32615

**REINSTATEMENT 2002**  
BK

**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

*[Signature]*

Date 10-16-02

Daytime Phone # 386-418-1400

Typed or printed name of signing Managing Member/Manager

JOHN B. ROGERS, Manager

CR2E041 (9/01)