

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 APR 20 PM 2:13

DOCUMENT # LO2000008277

1. Limited Liability Company's Name

ASPHALT RECYCLING REALTY, LLC

2. Principal Office Address

9180 GALLERIA COURT

Suite, Apt. #, etc.

SUITE 600

City & State

NAPLES, FL.

Zip

34109

Country

USA

3. Mailing Office Address

9180 GALLERIA COURT

Suite, Apt. #, etc.

SUITE 600

City & State

NAPLES, FL

Zip

34109

Country

USA

4. State/Country of Formation

N/A

5. Date Organized or Qualified  
To Do Business in Florida

APRIL 3, 2002

6. FEI Number

04-3658175

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

Name

ROBERT P. GRAMMEN

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

9180 GALLERIA COURT

Suite, Apt. #, Etc.

SUITE #600

City

NAPLES,

State

FL

Zip Code

34109

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

Robert P. Grammen

REGISTERED AGENT MUST SIGN

Date

4/19/2004

10. Names and Street Addresses of Managing Members/Managers

| Titles | Name of<br>Managing Members/Managers | Street Address of Each<br>Managing Member/Manager | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| MGRM   | ROBERT P. GRAMMEN                    | 9180 GALLERIA COURT; SUITE 600                    | NAPLES, FL. 34109  |
| MGRM   | WILLIAM P. ESPING                    | 2828 ROUTH ST.; Suite 500                         | DALLAS, TX 75201   |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |

REINSTATEMENT

2003-2004  
4/20 mst

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

Robert P. Grammen

Date 4/19/04

Daytime Phone #

239-404-3154

239-449-1811

Typed or printed name of signing Managing Member/Manager

Robert P. Grammen

CR2E041 (10/02)