

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY 10 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L02000011108**

1. Limited Liability Company's Name

AHG ENVIRONMENTAL, LLC

2. Principal Office Address

605 NW 53 Avenue

Suite, Apt. #, etc.

Suite A-17

City & State

Gainesville, FL

Zip

32609

Country

U.S.A.

3. Mailing Office Address

P.O. Box 204

Suite, Apt. #, etc.

N/A

City & State

Gainesville, FL

Zip

32609

Country

U.S.A.

4. State/Country of Formation

FLORIDA / U.S.A.

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

May 3, 2002

6. FEI Number

NONE

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

Avo J. Oymayan

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

605 NW 53 Avenue

Suite, Apt. #, Etc.

Suite A-16

City

Gainesville

900036931749

05/19/04--01053--002 **200 00

State

FL

Zip Code

32609

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

Avo J. Oymayan

REGISTERED AGENT MUST SIGN

Date

May 3, 2004

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 |
|-----------|--------------------------------------|---|-----------------------|
| President | Avo J. Oymayan | 605 NW 53 Avenue Suite A-16 | Gainesville, FL 32609 |
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REINSTATEMENT 03-04
OK

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

Avo J. Oymayan

Date **5/3/04**

Daytime Phone # **(352) 372-2222**

Typed or printed name of signing Managing Member/Manager

Avo J. Oymayan