


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAY 10 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L02000011108**

1. Limited Liability Company's Name
AHG ENVIRONMENTAL, LLC

2. Principal Office Address 605 NW 53 Avenue		3. Mailing Office Address P.O. Box 204	
Suite, Apt. #, etc. Suite A-17		Suite, Apt. #, etc. N/A	
City & State Gainesville, FL		City & State Gainesville, FL	
Zip 32609	Country U.S.A.	Zip 32602	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 <input type="checkbox"/> \$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**

State **FL** Zip Code **32609**

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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** Date **May 3, 2004**

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
President	Avo J. Oymayan	605 NW 53 Avenue Suite A-16	Gainesville, FL 32609

REINSTATEMENT 03-04

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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**

CR2E041 (10/02)