PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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| C | ED LIAB OMPAN STATEN | Y (1) | S | ecretary | MENT OF STATE of State or or or other or or other or othe | | DIVISIO D. 70 | |
| DOCUMENT #L02000028922 | | | | | | 1 | ECRETAR SION OF C | |
| 1. Limited Liability Company's Name | | | | | | | F CO | |
| INX ENVIRONMENTAL TECHNOLOGY, L.L.C. | | | | | | | ORP | |
| 2. Principal Office Address 3. Mailing Office Address | | | | | | | AM 9: 08 CR2E041 (8/05) | |
| | | | | lighway 50 | | 4. State/Coun | ntry of Formation | |
| Suite, Apt. #, etc. Suite, Apt. #, | | | | Floric | | Florida | | |
| Suite 2 Suite : | | | | 5. Date of To Do | | | nized or Qualified iness in Florida 10/30/02 | |
| Groveland, FL | | | Groveland, FL | | | 753086 | Applied For Not Applicable | |
| ^{Zip} 34736 | 6 | Country | ^{Zip} 34736 | | Country | 7. CERTIFICATE | S.00 Additional Fee require for a Certificate of Status | |
| | 8. Name and Address of Current Registered Agent | | | | | | | |
| | Dwayne Dundore | | | | | | | |
| | Street Address (P.O. Box Number is Not Acceptable) 7432 Highway 50 | | | | | | | |
| | Suite, Apt. #, Etc. Suite 2 | | | | | | | |
| | | | | | | | State Zip Code | |
| | Groveland | | | | | . – | FL 34736 | |
| 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 | | | | | | | Date | |
| REGISTERED AGENT MUST SIGN | | | | | | | | |
| 10. Names and Street Addresses of Managing Members/Managers Street Addresses of Managing Members/Managers | | | | | | | | |
| Titles | Name of Managing Members/ Managers | | Street Address of Each Managing Member/Manager | | | City / State / Zip | | |
| MGR | Dwayne Dundore | | | 7432 Highway 50, Suite 2 | | te 2 | Groveland, FL 34736 | |
| ļ | <u> </u> | | | | | E) | 10082904666 | |
| | | | | | | 01.703 | 2/0701037015 ***305.00 | |
| <u> </u> | | | | *** | PENGRA I | | [| |
| | | | | | | | 04-01 | |
| | | | | | | | | |
| 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 Date 12-29-06 Daytime Phone # 352-429-3181 | | | | | | | | |
| Typed or printed name of signing Managing Member/Manager Dwayne Dundore | | | | | | | | |