PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State Division of corporations	07 NOV 20 PM 2: 09 SECRETARY OF STATE TALLAHASSEE, FLORIDA
DOCUMENT # L0500009360 2 1. Limited Liability Company's Name		
D.R.C. ENVIRONMENTALIST LLC.		
		CR2E041 (1/07)
2. Principal Office Address - No P.O. Box # 59 79	3. Mailing Office Address 5979 N.W. 151 ST	4. State/Country of Formation
Suite, Apt. #, etc.	Suite, Apt. #, etc.	FL. USA
200 C	200 C	5. Date Organized or Qualified To Do Business in Florida 9/22/05
City & State MIAMI LAKES FL	City & State MIAMI LAKES FL.	6. FEI Number Applied For
Zip Country	Zip Country	13-430 88 44 Not Applicable
33014 US	33014 US	CERTIFICATE OF STATUS DESIRED 55.00 Additional Fee required for a Certificate of Status
8. Name and Address of Current Registered Agent		
DWAYNE R. LOOPER		A \$100 reinstatement fee is imposed, except
Street Address (P.O. Box Number is Not Acceptable)		in circumstances which the entity did not receive the prior notices. By checking this
5979 N·W 151 S T. Suite, Apt. #, Etc.		box, you are certifying the prior notices were
200		not received and requesting the \$100 reinstatement be waived.
MIAMI LAKES FL 33014		
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 10/30/07 REGISTERED AGENT MUST SIGN		
10. Names and Street Addresses of Managing Mer	nbers/Managers	
Titles Name of Managing Members/Manage	Street Address of Each ers Managing Member/Mana	
MGRM DURA BRYANT	1601 N.W. 175	5T. MIAMI FL. 33169
MGRM DWAYNE COOPER 5979 N.W. 151 ST. MIAMI LAKES FL 33014		
		800112353998 11/16/0701010004 **155.00
REINSTATEMENT 06-07		
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 filling 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 Dum Dum Date 10/30/67 Daytime Phone # 786 386 - 0410 Typed or printed name of signing Managing Member/Manager DURA BRYANT		
Typed or printed name of signing Managing Member/Manager DURA DRYANT		