

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 MAY 13 PM 2:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000063882

1. Limited Liability Company's Name

ERB RECYCLING OF NORTH BREVARD, LLC

500136688305
10/07/08--01006--006 **375.00

500136688305
05/14/09--01046--007 **138.75

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box # 5291 N US HWY 1 Suite, Apt. #, etc.		3. Mailing Office Address 106 GLOUCESTER STREET Suite, Apt. #, etc.	
City & State MIMS FL		City & State ORLANDO FL	
Zip 32754	Country USA	Zip 32833	Country USA

4. State/Country of Formation FL	
5. Date Organized or Qualified To Do Business in Florida 06/23/2006	
6. FEI Number 20-5109741	<input type="checkbox"/> Applied For <input type="checkbox"/> 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 ERB, JOYCE			
Street Address (P.O. Box Number is Not Acceptable) 106 GLOUCESTER STREET			
Suite, Apt. #, Etc.			
City ORLANDO	State FL	Zip Code 32833	

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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 Joyce A. Erb Date 9-24-2008
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
MGR	HAROLD ERB	106 GLOUCESTER ST	ORLANDO FL 32833
MGR	JOYCE ERB	106 GLOUCESTER ST	ORLANDO FL 32833

500136688305
05/14/09--01046--006 **2.50

REINSTATEMENT 2007-02 JB

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 Joyce A. Erb Date 09-24-2008 Daytime Phone # 407-568-5865
Typed or printed name of signing Managing Member/Manager Joyce A. Erb