

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

09 MAR 17 PM 12:00

DOCUMENT # L06000116402

1. Limited Liability Company's Name

BONFIRE BIOMASS, LLC

100145992511  
03/17/09--01010--019 \*\*277.50

100145992511  
03/17/09--01010--020 \*\*138.75

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #

21025 RIDGE ROAD

Suite, Apt. #, etc.

3. Mailing Office Address

21025 RIDGE ROAD

Suite, Apt. #, etc.

City & State

FREELAND, MD

Zip

21053

Country

BALTIMORE

City & State

FREELAND, MD

Zip

21053

Country

BALTIMORE

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

12/05/2006

6. FEI Number

231886873

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

INCorp SERVICES, INC.

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

17888 67TH COURT NORTH

Suite, Apt. #, Etc.

City

LOXAHATCHEE

State

FL

Zip Code

33470

☒ 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

Janice Hull on behalf of Incorp Services, Inc. Date 3/13/09

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

| Titles | Name of<br>Managing Members/Managers | Street Address of Each<br>Managing Member/Manager | City / State / Zip    |
|--------|--------------------------------------|---|-----------------------|
| MGR    | BONNIE B. MASON                      | 21025 RIDGE ROAD                                  | FREELAND, MD<br>21053 |
|        |                                      |   |                       |
|        |                                      |   |                       |
|        |                                      |   |                       |
|        |                                      |   |                       |
|        |                                      |   |                       |
|        |                                      |   |                       |

REINSTATEMENT 07-09 86M

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

B. B. Mason

Date

02-16-09

Daytime Phone #

443 928 3093

Typed or printed name of signing Managing Member/Manager

BONNIE B. MASON