


FILED

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L09000094379
1. Limited Liability Company's Name
Payne's Environmental Services, LLC

2. Principal Office Address - No P.O. Box # 1311 U.S. HWY 301 S.		3. Mailing Office Address 1311 U.S. HWY 301 S.	
Suite, Apt. #, etc. Suite 1		Suite, Apt. #, etc. Suite 1	
City & State Tampa, FL		City & State Tampa, FL	
Zip 33619	Country USA	Zip 33619	Country USA

CR2E041 (1/14)

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 9/30/2009	
6. FEI Number 27-1037046	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
Terry Payne

Street Address (P.O. Box Number is Not Acceptable) Suite,
1311 U.S. HWY 301 S.

Apt. #, Etc.
Suite 1

City Tampa	State FL	Zip Code 33619
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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 605, F.S.

Signature of Registered Agent: *Terry Payne* Date: 8-12-15
REGISTERED AGENT MUST SIGN

10. Name and Street Addresses of Authorized Representatives/Managers

Title	Name of Authorized Representative/Manager	Street Address of Each Authorized Representative/Manager	City/State/Zip
MGR	Terry Payne	1311 U.S. HWY 301 S., Suite 1	Tampa, FL 33619

REINSTATEMENT

AUG 13 2015
R. HUNT

11. E-mail Address: Terry@paynesenvironmental.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member: *Terry Payne* Date: 8-12-15 Daytime Phone #: 813-677-6822
Typed or printed name of signing authorized representative/member: Terry Payne

Florida Department of State
Division of Corporations
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LIMITED LIABILITY REINSTATEMENT
PAYNE'S ENVIRONMENTAL SERVICES, LLC

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R. HUNT