PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L09000110270

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CR2E041 (1/11)

1. Limited Liability Company's Name

MED WASTE MANAGEMENT LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
1860 52nd St.		1860 52nd St.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Apt. 1e		Apt. 1e	
City & State		City & State	
Brooklyn, NY		Brooklyn, NY	
Zip	Country	Zip	Country
11204	US	11204	US

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business In Florida: 11/18/2009

6. FEI Number: 26-3769853 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name: NRAI SERVICES, INC.

Street Address (P.O. Box Number is Not Acceptable): 515 EAST PARK AVENUE

Suite, Apt. #, Etc.

City: TALLAHASSE | State: FL | Zip Code: 32301

E-mail Address: avrohomp@gmail.com

(To be used for future annual report notices)

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: Denise Bell Denise Bell, Asst. Sec. Date: 2-21-12

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Member/ Manager	Street Address of Each Managing Member/ Manager	City / State / Zip
MGRM	AVROHOM PRAGER	89 KINGSFIELD DR	LAKEWOOD, NJ 08701

REINSTATEMENT 11-12 AL

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 608.508, 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 Managing Member/Manager: Date: 2-23-12 Daytime Phone #: 732 664 0422

Typed or printed name of signing Managing Member/Manager: Avrohom Prager