PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILIT
DOCUMENT #
1. Limited Liability Company's I CREATIVE RECY



COMPANY REINSTATEMENT COMPANY REINSTATEMENT COMPANY Secretary of State DIVISION OF CORPORATIONS					13	OCT 22	AH DI S	Ķ	
DOCUMENT # LIOOOCC 1. Limited Liability Company's Name CREATIVE RECYCLING SYST			SIANA, LLC						
2. Principal Office Address - No P.O. Box #	3. Mailing Offi				CR2E041 (1/11)				
3110 CHERRY PALM DR. Suite, Apt. #, etc.	3110 CF Suite, Apt. #, et	HERRY PALM DR.			4. State/Country of Formation FLORIDA				
330	330				5. Date Organized or Qualified To Do Business in Florida 6/2/2010				
City & State TAMPA, FL	City & State TAMPA	A, FL			6. FEI Number Applie			Applied For Not Applicable	
Country 33619 UNITED STATES	33619		Country UNITED STATE	ľ	7.	OF STATUS DES	IRED 35 0) a	Additional Fee require a Centilicate of Status	
Name and Address of Current Registered in Name NRAI Services, Inc. Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road Suite, Apt. #, Etc.			d Agent			E-mail Address: 10722713-01003-0175-1238.75			
City. Plantation			MALVARE@CRSERECYCLING.C						
9. I, being appointed the registered agent of the about Signature of Registered Agent	ove named limited	Ka As	atie Wonsch, ssistant Secreta		ecept the obliga		60B, F.S. /21/2013		
10. Names and Street Addresses of Managing Me	mbers/Managers								
Titles Name of Managing Members/ Manage	ers	Street Address of Each Managing Member/Mana			er City / Sta		City / State /	Zip	
PRESIDENT RICHARD BAT	TES 3	3110 CHERRY PALM DR.,			STE. 330	STE. 330 TAMPA, FL 33		. 33619	
MANUEL ALVA	ARE 3	3110 CHERRY PALM DR.,			STE. 330 TAMPA, FL 3		33619		
REINSTA	CEMI	ENT OCT 2 R. HI			2 2013 UNT				
11. I certify that I am managing member/manager or	the receiver or tru	islee empo	wered to execute this as	pplica	tion as provided	for in Chapter 60	08, F.S. I further	certify that when filing	

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 firsted 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 10/21/13 Daytime Phone # 813 621 2:319
Typed or printed name of signing Managing Member/Manager	MANUFL ALVARE