PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED

'14 MAR 17 PM 1: 39

SECRETARY OF STATE
STATE OF FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L11000108969

1. Limited Liability Company's Name
Delong & Sons Recycling LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #
150 Triplett Rd
Suite, Apt. #, etc.

3. Mailing Office Address
PO Box 701
Suite, Apt. #, etc.

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

City & State
Crawfordville FL

City & State
St. Marks FL

Zip 32327	Country USA	Zip 32355	Country USA

6. FEI Number 453366229
☐ 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
Grace Delong
Street Address (P.O. Box Number is Not Acceptable)
150 Triplett Rd
Suite, Apt. #, Etc.

City
Crawfordville
State FL
Zip Code 32327

600257914706
03/18/14--01001--002 **$16.25

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 _Grace DeLong_
REGISTERED AGENT MUST SIGN
Date 3/17/14

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
mrgm	Shawn Delong	150 Triplett Rd	Crawfordville FL 32327
mrgm	Kenny Davis	41 Quapaw Rd	Crawfordville FL 32327
mrgm	Grace Delong	150 Triplett Rd	Crawfordville FL 32327

MAR 17 2014

L. SELLERS

REINSTATEMENT 2012-2014

11. E-mail Address gdelong92@gmail.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 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 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager _Grace DeLong_   Date 3/17/14   Daytime Phone # 8505282008

Typed or printed name of signing Authorized Representative/Manager _____