


13 OCT 22 AM 10:30

LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		13 OCT 22 AM 10:00																									
DOCUMENT # <u>L12000032481</u>																															
1. Limited Liability Company's Name CREATIVE RECYCLING SYSTEMS OF NORTH FLORIDA, LLC																															
2. Principal Office Address - No P.O. Box # 3110 CHERRY PALM DR. Suite, Apt. #, etc. 330 City & State TAMPA, FL Zip 33619				3. Mailing Office Address 3110 CHERRY PALM DR. Suite, Apt. #, etc. 330 City & State TAMPA, FL Zip 33619																											
Country UNITED STATES				Country UNITED STATES																											
4. State/Country of Formation FLORIDA				5. Date Organized or Qualified To Do Business in Florida 3/6/2012																											
6. FEI Number 20-0856241				Applied For 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 NRAI Services, Inc. Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road Suite, Apt. #, Etc. City Plantation State FL Zip Code 33324																															
E-mail Address: 100253078501 10/22/13--01003--015 **238.75 MALVARE@CRSERECYCLING.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 <u>Katie Wonsch</u> Katie Wonsch, Assistant Secretary Date <u>10/21/2013</u> REGISTERED AGENT MUST SIGN																															
10. Names and Street Addresses of Managing Members/Managers <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Titles</th> <th style="width: 30%;">Name of Managing Member/Managers</th> <th style="width: 30%;">Street Address of Each Managing Member/Manager</th> <th style="width: 30%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>PRESIDENT</td> <td>RICHARD BATES</td> <td>3110 CHERRY PALM DR., STE. 330</td> <td>TAMPA, FL 33619</td> </tr> <tr> <td>SECRETARY</td> <td>MANUEL ALVARE</td> <td>3110 CHERRY PALM DR., STE. 330</td> <td>TAMPA, FL 33619</td> </tr> <tr> <td colspan="4" style="text-align: center;"> REINSTATEMENT </td> </tr> <tr> <td colspan="4" style="text-align: center;"> OCT 22 2013 </td> </tr> <tr> <td colspan="4" style="text-align: center;"> R. HUNT </td> </tr> </tbody> </table>								Titles	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip	PRESIDENT	RICHARD BATES	3110 CHERRY PALM DR., STE. 330	TAMPA, FL 33619	SECRETARY	MANUEL ALVARE	3110 CHERRY PALM DR., STE. 330	TAMPA, FL 33619	REINSTATEMENT				OCT 22 2013				R. HUNT			
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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. 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 <u>Manuel Alvare</u> Date <u>10/21/13</u> Daytime Phone # <u>813 821 2319</u> Typed or printed name of signing Managing Member/Manager <u>MANUEL ALVARE</u>																															