

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

15 DEC 23 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L14000040640

1. Limited Liability Company's Name

Cleangrease Biofuels LLC

2. Principal Office Address - No P.O. Box #

14478 Duval Pl W

Suite, Apt. #, etc.

111

City & State

JACKSONVILLE FL

Zip

32218

Country

DUVAL

3. Mailing Office Address

1225 W. Beaver Street

Suite, Apt. #, etc.

312

City & State

JACKSONVILLE FL

Zip

32204

Country

DUVAL

8. Name and Address of Current Registered Agent

Name

CHARLES PAYNE

Street Address (P.O. Box Number is Not Acceptable) Suite,

1225 W. BEAVER STREET

Apt. #, Etc.

312

City

JACKSONVILLE

State

FL

Zip Code

32204

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

Charles Payne

REGISTERED AGENT MUST SIGN

Date 12/20/2015

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
MGR	Britney Stewart	2512 W. 23 rd Street	JAX, FL 32209

REINSTATEMENT

DEC 23 2015

R. HUNT

11. E-mail Address: PAYNE, CHARLES PG4 at 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 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

Charles Payne

Date 12/21/2015

Daytime Phone # (404) 918-7696

Typed or printed name of signing authorized representative/member