(1)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT (LLC)

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 DEC 29 AM 9:04

DOCUMENT # L99 00000 6949

1. Limited Liability Company's Name

EcoSafe, L.L.C.

2. Principal Office Address	**3.** Mailing Office Address
2074 20TH STREET	2074 20TH STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SARASOTA, FL	City & State: SARASOTA, FL
Zip: 32234 Country: USA	Zip: 34234 Country: USA

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number 65-0959147 ☐ 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: James Reding

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-03/16/01--01058--001
*****50.00 *****50.00

Street Address (P.O. Box Number is Not Acceptable): 2074 20th St.

Suite, Apt. #, Etc.

City: Sarasota | State: FL | Zip Code: 34234

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 _____ Date _____

REGISTERED AGENT MUST SIGN

CR2E041 (9/00)

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
PRESIDENT CEO	JAMES REDING	2074 20TH STREET SARASOTA, FL 32234	SARASOTA FL 34234
MGRM	JAMES PATTERSON	2074 20TH STREET	SARASOTA FL 34234
MGRM	CHARLES ENTENMAN	68 MAPLE AVE	BAYSHORE NY 11706
MGRM	JOHN THOMPSON	68 MAPLE AVE	BAYSHORE NY 11706

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.

Signature of Managing Member/Manager _____ Date 12-30-00 Daytime Phone # 941 951-2384

Typed or printed name of signing Managing Member/Manager _____