

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

02 DEC -6 AM 11:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**1. DOCUMENT #** M01000000784

Name and Mailing Address

0005045 01 FP 0.352 \*\*PRSR T5 0 0615 33619-134513

ERM ENVIROCLEAN-SOUTHEAST, LLC

3913 RIGA BLVD.

TAMPA FL 33619-1345

600009045106  
11/18/02--01037--009 \*\*155.00



CR2E084 (8/02)

<b>2. New Mailing Address</b> 7106 CROSSROADS BLVD. Suite # 228 City, State, Zip Brentwood, TN. 37027		<b>4. State/Country of Formation</b> DE	
<b>Principal Place of Business</b> 3913 RIGA BLVD. TAMPA FL 33619-1345		<b>5. Date Organized or Qualified To Do Business in Florida</b> 04/09/2001	
<b>3. New Principal Place of Business Address</b> City, State, Zip		<b>6. FEI Number</b> 52-2302320	
		<b>Applied For</b> Not Applicable	
		<b>7. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee required for a Certificate of Status</b>	

<b>8. Name and Address of Current Registered Agent</b> C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		<b>9. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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**10. 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: James A. Bordonaro Assistant Secretary  
Date: 11/4/02  
REGISTERED AGENT MUST SIGN

<b>11. Names and Street Addresses of Each Managing Member/Manager</b>			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MR.	JACK RIGGENBACH, MGRM	2110 MEADOWS LANE	MARIETTA, GA. 30062
MR.	DAVID DUNN, MGR	1045 AVERY CREEK DR	Woodstock, GA 30188
MR.	TOM WILSON, MGR	7117 STIRRAUP COURT	MATTHEWS, NC 28105
MR.	JIM PASTORE, MGR	P.O. BOX 200124	HOUSTON, TX 77216
MR.	TOM HATCH, MGR	828 HOLT GROVE COURT	NASHVILLE, TN. 37211
<b>REINSTATEMENT</b>			

**12. 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: Tom Hatch Date: 11/12/02 Daytime Phone # (615) 373-3350

Typed or printed name of signing Managing Member/Manager: Tom Hatch