Division of Corporations

H04000191914

Florida Department of State

Division of Corporations

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TALLAHASSEE, FLORIDA

LIMITED LIABILITY REINSTATEMENT

ADVANCED DISPOSAL SERVICES NORTH FLORIDA, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	$255.00

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Limited Liability Company's Name
Advanced Disposal Services North Florida, LLC

2. Principal Office Address	3. Mailing Office Address
9995 Gate Parkway, N.	9995 Gate Parkway, N.
Suite, Apt. #, etc. Suite 200	Suite, Apt. #, etc. Suite 200
City & State Jacksonville, FL	City & State Jacksonville, FL
Zip 32246 Country USA	Zip 32246 Country USA

4. State/Country of Formation Delaware

5. Date Organized or Qualified To Do Business in Florida 10/16/2001

6. FEI Number 59-3759736 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☑ $30.00 Additional charge for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: Charles C. Appleby

Street Address (P.O. Box Number is Not Acceptable): 9995 Gate Parkway, N.

Suite, Apt. #, Etc.: Suite 200

City: Jacksonville State: FL Zip Code: 32246

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: _____ Date: 9-22-04
REGISTERED AGENT MUST SIGN

CR2E041 (01/03)

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
~~MGR~~	Charles C. Appleby	9995 Gate Parkway, N., Suite 200	Jacksonville, FL 32246
			02-04
			dcc

11. I certify that I am managing member/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 requirements of section 605.0401, 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: 9-22-04 Daytime Phone # 904-636-0442

Typed or printed name of signing Managing Member/Manager: CHARLES C. APPLEBY