

M01000002472

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 DEC -2 AM 9:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M01000002472

1. Limited Liability Company's Name

OAKLEAF Waste Management, LLC

2. Principal Office Address

800 Connecticut Blvd.

3. Mailing Office Address

800 Connecticut Blvd.

Suite, Apt. #, etc.

6th Floor

Suite, Apt. #, etc.

6th Floor

City & State

East Hartford, CT

City & State

East Hartford, CT

Zip

06108

Country

USA

Zip

06108

Country

USA

4. State/Country of Formation

Connecticut

5. Date Organized or Qualified  
To Do Business in Florida

11-2-2001

6. FEI Number

06-1429625

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

C T Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

REGISTERED AGENT MUST SIGN

SALVINA AMENTA-GRAY  
SPECIAL ASSISTANT SECRETARY

Date

10/28/03

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
MGRM	OAKLEAF Principals, LLC	800 Connecticut Blvd	East Hartford, CT 06108
MGRM	James R. Barnes	800 Connecticut Blvd	East Hartford, CT 06108

REINSTATEMENT

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

11/24/03

Daytime Phone # 860-290-1250

Typed or printed name of signing Managing Member/Manager

JAMES R. BARNES

CR2E041 (10/02)