

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M02000000812

FILED
Nov 04, 2004
Secretary of State

Entity Name: ADVANCED DISPOSAL SERVICES CENTRAL FLORIDA, LLC

Current Principal Place of Business:

9995 GATE OARKWAY NORTH
SUITE 200
JACKSONVILLE, FL 32241

New Principal Place of Business:

9995 GATE PARKWYA NORTH
SUITE 200
JACKSONVILLE, FL 32246

Current Mailing Address:

9995 GATE OARKWAY NORTH
SUITE 200
JACKSONVILLE, FL 32241

New Mailing Address:

9995 GATE PARKWAY NORTH
SUITE 200
JACKSONVILLE, FL 32246

FEI Number: 02-0595431

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

APPLEBY, CHARLES C
9250 BAYMEADOWS ROAD
SUITE 220
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

APPLEBY, CHARLES C
9995 GATE PARKWAY NORTH
SUITE 200
JACKSONVILLE, FL 32246 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: CHARLES C APPLEBY

11/04/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: APPLEBY, CHARLES
Address: 9995 GATE PARKWAY NORTH #200
City-St-Zip: JACKSONVILLE, FL 32241

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: APPLEBY, CHARLES C
Address: 9995 GATE PARKWAY NORTH #200
City-St-Zip: JACKSONVILLE, FL 32246

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: CHARLES C APPLEBY

MGRM

11/04/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date