

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

14 OCT 21 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/14)

DOCUMENT # M11000006197

1. Limited Liability Company's Name

POG Properties, LLC

2. Principal Office Address - No P.O. Box #

41248 E I-55 Srvc Rd

Suite, Apt. #, etc.

City & State

Hammond, LA

Zip

70403

Country

USA

3. Mailing Office Address

P.O. Box 1627

Suite, Apt. #, etc.

City & State

Hammond, LA

Zip

70404

Country

4. State/Country of Formation

Louisiana

5. Date Organized or Qualified
To Do Business In Florida
12-2-2011

6. FEI Number

27-1489762

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

Business Filings Incorporated

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

515 East Park Avenue

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32031

800265649738
10/21/14--01020--014 **238.75

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

Wayne Pearl, Assistant Secretary
REGISTERED AGENT MUST SIGN

Date 10/09/2014

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
Mgr	Dennis G Flynn	41248 E I-55 Srvc Rd	Hammond, LA 70403

11. E-mail Address: wayne@potoqgoldwaste.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Date 10-9-14

Daytime Phone # 985-542-2101

Typed or printed name of signing Authorized Representative/Manager L Wayne Pearl, General Counsel/Authorized Representative