Florida Department of State
Division of Corporations
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Division of Corporations
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Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)205-8842
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Email Address: _____

LIMITED LIABILITY REINSTATEMENT
SP RECYCLING SOUTHEAST, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
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15 JUN -9 AM 9:44

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (1/14)

DOCUMENT # M12000004988

1. Limited Liability Company's Name
SP Recycling Southeast, LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
709 County Road 603		709 Papermill Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Dublin, GA		City & State: Dublin, GA	
Zip: 31027	Country: USA	Zip: 31027	Country: USA

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: 9/5/2012

6. FEI Number: 46-0809977 ☐ 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: CT 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 605, F.S.

Signature of Registered Agent: Connie Bass Date: 6/9/2015

REGISTERED AGENT MUST SIGN

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
MGRM	SP Fiber Technologies, LLC	709 County Road 603	Dublin, GA 31027

JUN 09 2015
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REINSTATEMENT

11. E-mail Address: dwayne.miller@spfibertech.com
(To be used for future annual report notifications)

12. *I certify that I am an authorized representative/manager of 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 605.0012, 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: Dwayne B Miller Date: 6-9-15 Daytime Phone #: 478-272-1600

Typed or printed name of signing Authorized Representative/Manager: Dwayne Miller, CFO of SP Fiber Technologies, LLC