(((H05000252143 3)))

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 OCT 27 PM 2:53

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 98000000295

1. Limited Liability Company's Name
Regional Recycling, LLC

MH

CR2E041 (8/05) 10/27

2. Principal Office Address	3. Mailing Office Address
906 Adamson Street	906 Adamson Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Atlanta, Georgia	City & State: Atlanta, Georgia
Zip: 30315 Country:	Zip: 30315 Country:

4. State/Country of Formation: Alabama

5. Date Organized or Qualified To Do Business in Florida: March 26, 2998

6. FEI Number: 6311 97306 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒ $5.00 Additional Fee Required

8. Name and Address of Current Registered Agent

Name: NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable): 2731 Executive Park Drive

Suite, Apt. #, Etc.: Suite 4

City: Weston State: FL Zip Code: 33331

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: Mary Ross (REGISTERED AGENT MUST SIGN) Date: 10/27/05

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.	Byron Kopman	906 Adamson Street	Atlanta, Georgia 30315
			2001-2003
			2004-2005

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 608.408, 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: Kopman Date: 10/27/05 Daytime Phone #: 404-332-0011

Typed or printed name of signing Managing Member/Manager: Byron Kopman

(((H05000252143 3)))

Florida Department of State

Division of Corporations

Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H05000252143 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : TRIAD PROFESSIONAL SERVICES, LLC
Account Number : I20020000094
Phone : (770)777-2091
Fax Number : (770)220-1943

RECEIVED
05 OCT 27 PM 4:13
DIVISION OF CORPORATION

LIMITED LIABILITY REINSTATEMENT

REGIONAL RECYCLING LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	$355.00

Electronic Filing Menu Corporate Filing Public Access Help