PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

M98000001067

FILED
01 OCT 24 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000004654660--2
-10/26/01--01004--019
****180.00 ****155.00

DOCUMENT # M98000001067

1. Limited Liability Company's Name
Southeastern Environmental Consultants, LLC

2. Principal Office Address
208 N. Magnolia St.
Suite, Apt. #, etc.
City & State: Albany, GA
Zip: 31707 Country: USA

3. Mailing Office Address
P.O. Box 70246
Suite, Apt. #, etc.
City & State: Albany, GA
Zip: 31708-0246 Country: USA

4. State/Country of Formation: GA

5. Date Organized or Qualified To Do Business in Florida: 9/21/98

6. FEI Number: 58-2400835 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: Charles Dale Gunter
Street Address (P.O. Box Number is Not Acceptable): 3812 Cheverly Drive
Suite, Apt. #, Etc.
City: Lakeland State: FL Zip Code: 33813

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: Chad E. Gunter
REGISTERED AGENT MUST SIGN
Date: 10/23/01

ORGE041 (9/00)

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	Gunter, Chad E.	208 N. Magnolia St.	Albany, GA 31707
MGRM	Ellion, David M.	208 N. Magnolia St.	Albany, GA 31707
			FE $150
			Chas 5

REINSTATEMENT 2001

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: Chad E. Gunter
Date: 10/23/01 Daytime Phone #: 229-430-9120

Typed or printed name of signing Managing Member/Manager: Chad E. Gunter