

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

AND  
FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



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

DOCUMENT # M99000000928

1. Limited Liability Company's Name

GULF COAST RECYCLING SERVICES, LLC

2. Principal Office Address

11416 HOUSTON AVENUE

Suite, Apt. #, etc.

City & State

HUDSON, FL

Zip

34667

Country

3. Mailing Office Address

4701 N. OAKDALE ROAD

Suite, Apt. #, etc.

City & State

SMYRNA, GA

Zip

30080

Country

4. State/Country of Formation

GEORGIA

5. Date Organized or Qualified  
To Do Business in Florida

06/21/99

6. FEI Number

59-3578420

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$3.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

UCC FILING & SEARCH SERVICES, INC

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

526 EAST PARK AVENUE

Suite, Apt. #, Etc.

SUITE 200

City

TALLAHASSEE

000004702550-7

-12/03/01--01066--024

\*\*\*\*\*50.00 \*\*\*\*\*50.00

State

FL

Zip Code

32302

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

Ed Hand, President

Date

10/22/01

REGISTERED AGENT MUST SIGN

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	ERIC W. CASH	4701 N. OAKDALE RD	SMYRNA, GA 30080
MGR	MARK F. MUNRO	4701 N. OAKDALE RD	SMYRNA, GA 30080

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

Mark F. Munro

Date 10/15/01

Daytime Phone # 770-433-2904

Typed or printed name of signing Managing Member/Manager

MARK F. MUNRO

CR2041 (9/01)

202

## Gulf Coast Recycling Services, LLC

Construction and Demolition Debris Collection

FACILITY ADDRESS:  
11416 HOUSTON AVENUE  
HUDSON, FLORIDA 34667  
TELEPHONE (727) 868-0142  
FACSIMILE (727) 863-5639

CORPORATE OFFICE:  
4781 NORTH OAKDALE ROAD  
SMYRNA, GEORGIA 30080  
TELEPHONE (770) 433-2484  
FACSIMILE (770) 805-8338

October 15, 2001

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Re: Uniform Business Report  
Gulf Coast Recycling Services, LLC  
Document Number: M99000000928

Gentlemen:

In accordance with our telephone conversation this date, enclosed is the limited liability company reinstatement form for the above named company. I have enclosed a check for \$50.00 as instructed. We received neither the initial nor second notice from your office requesting completion of the Uniform Business Report.

Your assistance in this matter is appreciated.

Sincerely,

GULF COAST RECYCLING SERVICES, LLC



Mark F. Munro

Enclosures: 1) Limited Liability Company Reinstatement Form  
2) Check