

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

APPROVE
AND
FILED
02 FEB 11 PM 12:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M99000001047

1. Limited Liability Company's Name

PRISM SANITATION MANAGEMENT, LLC
1326 WILLOW ROAD
STURTEVANT, WI. 53177

REINSTATEMENT

2001
2002

2. Principal Office Address

1326 WILLOW ROAD

3. Mailing Office Address

1326 WILLOW ROAD

Suite, Apt. #, etc.

N/A

Suite, Apt. # etc.

N/A

City & State

STURTEVANT, WI.

City & State

STURTEVANT, WI.

Zip

53177

Country

RACINE

Zip

53177

Country

RACINE

4. State/Country of Formation

DELAWARE

5. Date Organized or Qualified
To Do Business in Florida

MAY 24, 1999

6. FEI Number

65-09-23846

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

C T CORPORATION

000004912320 -- 1

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

1200 SOUTH PINE ISLAND ROAD

02/13/02 01001-019

****110.00 **** 10.00

Suite, Apt. #, Etc.

N/A

000004912320 -- 1

-02/13/02-01001-020

City

PLANTATION

State

FL

****110.00 **** 00.00

33324

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

Christine M. Eastwine

Christine M. Eastwine
Assistant Secretary

Date 2-8-02

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
MEM	S.C. Johnson Commercial Markets, Inc.	1326 Willow Road	Sturtevant, WI 53177

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 it made under oath.

Signature of
Managing Member/Manager

JoAnne Brandes
for S.C. Johnson Commercial Markets, Inc (it's member)

Date 1/22/02

Daytime Phone # 262-631-4676

Typed or printed name of signing Managing Member/Manager

JoAnne Brandes