

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

REVISED
AND
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DOCUMENT # **K92491**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name

ENVIRONMENTAL MANAGEMENT SUPPLIES, INC.

Principal Place of Business

**6700 SW 21ST ST.
MIAMI FL 33155**

Mailing Address

**6700 SW 21ST ST.
MIAMI FL 33155**



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 06/02/1989	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0268862	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	INFANTE, JOSE M.	3225 BIRD ROAD	MIAMI FL
			500001952455
			-09/20/96--01021--002
			****225.00 ****225.00
			A. Alan
			9-19-96

8. Name and Address of Current Registered Agent

**INFANTE, JOSE M.
3225 BIRD AVE.
MIAMI FL 33133**

9. Name and Address of New Registered Agent

Name Carlos A. Treay, esq
Street Address (P.O. Box Number is Not Acceptable) 999 Pence De Leon Blvd
Suite, Apt. #, Etc. # 1110
City Coral Gables
State FL
Zip Code 33134

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent REGISTERED AGENT MUST SIGN

Date **9/17/96**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(j), F.S. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/17/96
Date

305-266-9616
Daytime Phone #

CR2E040 (7/96)