PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 JAN 18 PM 1:31

DOCUMENT # K-92491

1. Corporation Name
Enviromental Management Supplies, inc

REINSTATEMENT 01-02

04-23-01 90059 019 $150.00

2. Principal Office Address	3. Mailing Office Address
9700 NW 79 AVE	9700 NW 79 AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami. Florida	City & State: Miami. fl.
Zip: 33016 Country: USA	Zip: 33016 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 10/30/92

5. FEI Number: 65-0268862 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: CARLOS TRIAY, ESQ.
Street Address (P.O. Box Number is Not Acceptable): 10570 NW 27 ST. # 103
Suite, Apt. #, Etc.:
City: MIAMI, FL State: FL Zip Code: 33172

8. "I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: _____ Date: 1/16/02
REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES.	JOSE M. INFANTE	MAIL PO BOX 667668 11465 SW 60 ST.	CORAL GABLES, FL 33114 MIAMI, FL 33173
V.P.+SEC.	EILEEN DOMINGUEZ	14030 SW 30 ST. MIAMI, FL 33175	Miami Fl 33175

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****750.00 ****750.00

10. 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)(i), 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: Jose Infante JOSE INFANTE 1/16/02 305-525-9441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #