

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 DEC 30 PM 12:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P9700000 4369

1. Corporation Name

ENVIRONMENTAL STRATEGIES AND TECHNOLOGY INTERNATIONAL INC

800009737868
12/30/02--01056--007 **758.75

2. Principal Office Address

244 W 54th ST

3. Mailing Office Address

Same as principal

REINSTATEMENT 02

Suite, Apt. #, etc.

Suite 500

Suite, Apt. #, etc.

City & State

New York New York

City & State

Zip

10019

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1-15-97

5. FEI Number

980198225

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

JEFFERY KLEIN

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

2101 NW CORPORATE BLVD

Suite, Apt. #, Etc.

SUITE 414

City

BOCA RATON

State

FL

Zip Code

33431

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

Jeffery Klein
REGISTERED AGENT MUST SIGN

Date 12/18/02

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
CEO	<u>SAMEER HIRJI</u>	<u>620-1207 11th AVE SW</u>	<u>Calgary Alberta T3C 0M5</u>
COO	<u>TODD VIOLETTE</u>	<u>620-1207 11th AVE SW</u>	<u>Calgary Alberta T3C 0M5</u>
President	<u>NICHOLAS MALIND</u>	<u>244 W 54th ST SUITE 500</u>	<u>New York, New York 10019</u>

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:

Todd Violette OFFICER TODD VIOLETTE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-17-02

Date

403-228-6962

Daytime Phone #

CR2E081 (9/01)

gf 1/2