

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 NOV -5 PM 12:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P32999

1. Corporation Name

P.T. & L. ENVIRONMENTAL CONSULTANTS, INC.

Principal Place of Business

Mailing Address

411 SETTE DR
STE. 106
PARAMUS NJ 07652
US

411 SETTE DR
STE. 106
PARAMUS NJ 07652
US

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

02/28/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

22-2908393

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☐

\$8.75. A fee of \$8.75 is 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)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip |
|---------------|---|--|-------------------------|
| VP | FRIDMAN, SIMON | 15-00 LANDZETTEL WAY | FAIR LAWN NJ |
| P | LAGANELLA, NICHOLAS A. | 4 VINE ST. | WALDWICK NJ |
| S | RUMSEY, MARY ELLEN | 15 RUMSEY LANE | MONROE NY |
| T | RUMSEY, MARY ELLEN | 15 RUMSEY LANE | MONROE NY |
| | | | |
| | | | |

REINSTATEMENT

99 11 TS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SCHNEIDER, MARK

Name

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

Suite, Apt. #, Etc.

City

4000003046674--8

-11/17/99--01011--014

***750.00 ***750.00

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

11. 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:

Mary Ellen Rumsey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/27/99 201
262-4141

CPCEM0 (8/99)