PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 JAN 30 PM 4:26

DOCUMENT # P32999

1. Corporation Name

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

Principal Place of Business	Mailing Address
411 SETTE DR STE. 108 PARAMUS NJ 07652 US	411 SETTE DR STE. 108 PARAMUS NJ 07652 US

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

REINSTATEMENT 00

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: 22-2998393 ☐ Applied For ☐ Not Applicable
City & State	City & State	6. CERTIFICATE OF STATUS DESIRED ☐
Zip / Country	Zip / Country	

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~~	~~FRIEDMAN, 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

000003661230--7
-02/03/01--01033--003
****750.00 ****750.00

8. Name and Address of Current Registered Agent

SCHNEIDER, MARK
~~201 S. BUMBY ST~~ 6900 S. ORANGE BLOSSOM TRAIL
~~S.B.~~ SUITE 310
ORLANDO FL ~~32803~~ 32809

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State: FL | Zip Code

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 _____ Date _____
REGISTERED AGENT MUST SIGN

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.

AD

SIGNATURE: Mary Ellen Rumsey 1/26/01 201 262-4141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Mary Ellen Rumsey, Secretary/Treasurer