

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**

8000009737868  
12/30/02--01056--007 \*\*758.75

**2. Principal Office Address**

**244 W 54<sup>th</sup> ST**

Suite, Apt. #, etc.

**Suite 500**

City & State

**New York New York**

Zip

**10019**

Country

**USA**

**3. Mailing Office Address**

**Same as principal**

Suite, Apt. #, etc.

City & State

**REINSTATEMENT 02**

**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

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	SAMEER Hirji	620-1207 11 <sup>th</sup> AVE SW	Calgary Alberta T3C0M5
COO	TODD Violette	620-1207 11 <sup>th</sup> AVE SW	Calgary Alberta T3C0M5
President	Nicholas Malino	244 W 54 <sup>th</sup> ST Suite 500	New York, New York 10019

**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)

9/12