

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **422653**

1. Corporation Name

**ENVIRONMENTAL SERVICE SYSTEMS, INC.**

2. Principal Office Address

**1421 SOUTHWEST 82 CT**

Suite, Apt. #, etc.

City & State

**MIAMI, FL**

Zip

**33144**

Country

**USA**

3. Mailing Office Address

**SAME**

Suite, Apt. #, etc.

City & State

**500011789175**

**02/04/03--01075--037 \*\*2767.50**

4. Date Incorporated or Qualified  
To Do Business in Florida

**3/31/73**

5. FEI Number

**59-1533945**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**7. Name and Address of Current Registered Agent**

Name

**STUART GLAUSER**

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

**12910 SW 84th Street**

Suite, Apt. #, Etc.

City

**MIAMI**

State

**FL**

Zip Code

**33183**

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

**1/21/03**

**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
P	EUGENE SOLOMON	1421 SW 82nd Court	MIAMI, FL 33144
SEC	BARBARA SOLOMON	1421 SW 82nd Court	MIAMI, FL 33144

**REINSTATEMENT 86-03 18**

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:

**EUGENE SOLOMON**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**23 Jan '03** (305) 794-7220  
Daytime Phone #