PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED

03 MAR 26 AM 8: 03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F00000003569

1. Corporation Name

ENVIROFILL INTERNATIONAL, INC.

REINSTATEMENT 61-03

2. Principal Office Address 10350 COVE AVE	**3.** Mailing Office Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State PENSACOLA	City & State

Zip 32534	Country USA	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida   06/23/2000

5. FEI Number 752851301	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   MAGAHA, JAMES

Street Address (P.O. Box Number is Not Acceptable)   812 NORTH SPRING STREET

300014769093
03/26/03--01066--006   **108.75

Suite, Apt. #, Etc.

City PENSACOLA	State FL	Zip Code 32501

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   3-24-03

CR2E081 (10/02)

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
P	STRAZA, RICHARD	1613 BREAKWATER LANE	PLANO, TX
VP	STRAZA, ROBYN	1613 BREAKWATER LANE	PLANO, TX

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: _____ RICHARD STRAZA _____   (850)969-1328

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #