

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

DEC 27 AM 9:10

600307112406

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F04000004104

1 Corporation Name

BHATE ENVIRONMENTAL ASSOCIATES, INC.

2. Principal Office Address - No P.O. Box #
1608 18TH AVENUE SO

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 300

City & State

City & State

BIRMINGHAM AL

Zip

Country

Zip

Country

35205

US

4. Date Incorporated or Qualified
To Do Business in Florida

5. FET Number

63 1035702

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$875 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

State

Zip Code

Tallahassee

FL

32301

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

Roxanne Turner

Roxanne Turner

Asst. Vice President

12/27/17

REGISTERED AGENT MUST SIGN

Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Yes	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
0	JOHN H ROBERTS	1608 18TH AVE SO	BIRMINGHAM AL 35205
5	SATISH BHATE		
1	LAUREN GEROGIANNIS		
	DAVE SANDERS		
	GREG GARNER		

Email Address: DSANDERS@BHATE.COM

(To be used for future annual report notifications)

I am an officer or director of 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
present application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees
the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as
under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 617.155 F.S.

SURE:

Signature of Officer or Director

12/22/17

984-4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 982293 8159081

AUTHORIZATION :

Lyndee Coleman

COST LIMIT : \$ 1050.00

ORDER DATE : December 27, 2017

ORDER TIME : 10:30 AM

ORDER NO. : 982293-005

CUSTOMER NO: 8159081

REINSTATEMENT

NAME: BHATE ENVIRONMENTAL ASSOCIATES
INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner

EXAMINER'S INITIALS _____

17 DEC 27 AM 10:41