PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

10 FEB 22 PM 4:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

700170157967
02/23/10--01002--005 **458.75

REINSTATEMENT 08-10

CR2E081 (11/09)

DOCUMENT # F04000007298

1. Corporation Name

BULLS EYE ENVIRONMENTAL, INC.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
1480 Grandview Avenue			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Paulsboro NJ			
Zip	Country	Zip	Country
08066	USA		

4. Date Incorporated or Qualified To Do Business in Florida 12/20/2004

5. FEI Number 23-2655395 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $5.00 additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Edwin F Blanton

Street Address (P.O. Box Number is Not Acceptable): 810 Thomasville Road

Suite, Apt. #, Etc.:

City	State	Zip Code
Tallahassee	FL	32303

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent _____ Date 2/19/10

REGISTERED AGENT MUST SIGN

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
DC	Bill Green	1480 Grandview Ave	Paulsboro NJ 08066
CEO	Rich Salerno	1480 Grandview Ave	Paulsboro NJ 08066
V	Sheri Curry	1480 Grandview Ave	Paulsboro NJ 08066

10. E-mail Address: dlomas@aremsco.com

(To be used for future annual report notification)

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. I further certify, 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: _____ 2/18/10 856-686-7900

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

SHERI CURRY VP