3953

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

CORPORATION REINSTATEMENT
AQUILEX WSI, INC.

Certificate of Status	0
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Page Count	01
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 2010

CR2E081 (6/10)

DOCUMENT # P09000003925

1. Corporation Name

Aquilex WSI, Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3344 Peachtree Road NE	
Suite, Apt. #, etc.: Suite 2100	Suite, Apt. #, etc.
City & State: Atlanta, GA	City & State
Zip: 30326 / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 74-3124110 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.00 additional fee required for Certificate of Status

7. Name and Address of Current Registered Agent

Name: C T Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation | State: FL | Zip Code: 33324

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: Michael Seraphin Michael Seraphin Asst. Secretary Date: 11/3/10

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
	SEE ATTACHED		

10. E-mail Address: _____
(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: Greg Birge, Executive VP 11-1-2010 404-869-6071

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

PLD10 - 06/03/2010 CT System Online

ATTACHMENT

AQUILEX WSI, INC.

List of Officers and Directors

L. W. Varner, Jr. – Director, President and Chief Executive Officer
Jay W. Ferguson – Director, Chief Financial Officer and Treasurer
J. Douglas Milner –Chief Operating Officer
Gregory M. Birge – EVP-Legal Affairs and Secretary
Juanita Biasini – SVP, Human Resources
Ian Lorimer – SVP, Finance
Kevin McGonigle – Corporate Controller

Address:

3344 Peachtree Road N.E., Suite 2100, Atlanta, GA 30326