PLEASE READ ALL INSTRUCTIONS REFORE COMPLETING THIS FORM

	, LENGE II	END NEE IIIOII		_	
	REINSTATEMENT Secretary of State				
		DIVIS	ION OF CORPORATIONS	磁 607 [5] 新 [1: 33	
DOCUMENT # F10000001089 1. Corporation Name					
Waterm	nark Environmental, Inc	orporated		200010214402	
2. Principa	al Office Address - No P.O. Box #	3. Mailing Off	ice Address	10031214461	
175 Cabot Street		1		1	
Suite, Apt. #		Suite, Apt. #, e		CR2E081 (11/10)	
Suite 503		Suite 503		4. Date Incorporated or Qualified	
City & State		City & State		To Oo Business in Florida March 3, 2010	
Lowell, MA		Lowell, MA		5. FEI Number Applied For	
Zip	Country	Zip	Country	X X	
01854	USA	01854	USA	CERTIFICATE OF STATUS DESIRED - OUT OF AUGUSTATION	
	7. Name and Ad	dress of Current Registe	ered Agent	T	
Name	tian Carrier Carre		Secretary of State DIMISION OF CORPORATIONS PILES 1971 4 4 E.7 Sating Office Address Cabot Street CR2E081 (11/10) 4. Date Incorporated or Qualified To Do Business in Florida March 3, 2010 5. FETNIMENER March 3, 2010 64. USA County USA County USA County USA County Croft CERTIFICATE OF STATUS DESIRED Address of Each Office Address o		
•	tion Service Company	centable)	,	4	
	ays Street				
Suite, Apt.	•	<u>-</u>		-1	
			· · · · · · · · · · · · · · · · · · ·		
Tallahas	ssee		l —. l		
8. I, being	appointed the registered agent of	if the above named corpora	ation, am familiar with and accept the	obligations of section 607.0505 or 617 0503, F.S.	
G.B		1-1-2/2-13			
Registered	Agent	REGISTERED (GE	TI MASSIGNVice Presider	nt Date <u>/0//2//0/8</u>	
Q Names	and Street Addresses of Each C				
	Name	Ancer and/or Director (Fion	5		
Titles	Officers and/or D	Directors			
Р	John J. Ha	aley	175 Cabot Stree	et Lowell, MA 01854	
	Joseph G. Span	genberger	175 Cabot Stree	et Lowell, MA 01854	
	REINSTATE		EMENT	OCT 1 5 2018	
				R. HUNT	
^{0.} E-mai	il Address: jennifer.mu	rphy@watermarke	nv.com		
			(To be used for future annual report	•	
1. I certify t	that I am an officer or director or ti	he receiver or trustee emp	owered to execute this application as p	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., and that all fees owed by the corporation have been paid. I further certify the information this application is true and accurate, and my signature shall have the same legal effect as if made under cath. 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.817.155, F.S.

IGNATURE:

John J. Haley, President

10/10/18

978-452-9696

SIGNATURE AND TYPED WANTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Priories

SIGNATURE:

Daytime Phone *

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 431327 7709772

AUTHORIZATION :

COST LIMIT : \$/\lambda_200.00

ORDER DATE: October 10, 2018

ORDER TIME : 2:57 PM

ORDER NO. : 431327-005

CUSTOMER NO: 7709772

REINSTATEMENT

NAME: WATERMARK ENVIRONMENTAL,

INCORPORATED

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft

R. HUNT

ORT 1 5 2018

EXAMINER'S INITIALS

