PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 02 Wood

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 NOV -4 AM 11:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100008784381
11/04/02--01072--009 **150.00

DOCUMENT # F93000002316

1. Corporation Name
EnSafe Inc.

2. Principal Office Address		**3.** Mailing Office Address	
5724 Summer Trees Drive		Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Memphis, TN			
Zip	Country	Zip	Country
38134	Shelby		

4. Date Incorporated or Qualified To Do Business in Florida: June 1980

5. FEI Number: 58-1402235 — ☐ 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: Craig Smith

Street Address (P.O. Box Number Is Not Acceptable): 201 North Palafox Street

Suite, Apt. #, Etc.: Suite 200

City: Pensacola | State: FL | Zip Code: 32504

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 _____ Date _____
REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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
DCP	Phillip G. Coop	5724 Summer Trees Drive	Memphis, TN 38134
DVCS	James N. Speakman	5724 Summer Trees Drive	Memphis, TN 38134
DVP	Michael A. Wood	5724 Summer Trees Drive	Memphis, TN 38134
DVP	Paul V. Sotddard	5724 Summer Trees Drive	Memphis, TN 38134
DV	Craig A. Wise	5724 Summer Trees Drive	Memphis, TN 38134
	See Attached for Remainder		

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: _____ EnSafe Inc. Michael A. Wood, CPA Chief Financial Officer 10/25/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Section 9 con't

DV Ginny L. Gray-Davis,
895 Central Ave., Suite 610
Cincinnati, OH 45202

DV Sandra Reagan
162 D Market Place Blvd.
Knoxville, TN 37922

ENSAFE

ENSAFE INC. ENVIRONMENTAL AND MANAGEMENT CONSULTANTS

5724 Summer Trees Drive • Memphis, Tennessee 38134 • Telephone 901-372-7962 • Facsimile 901-372-2454 • www.ensafe.com

October 29, 2002

Florida Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

Subject: Annual Report Renewal

Dear Sirs:

Enclosed please find EnSafe Inc.'s completed Corporation Reinstatement form as well as our check for $150.00. According to the after hours recording that I listened to last week, if an organization has not received their renewal documentation, only the annual $150 fee would be due instead of the reinstatement fees. At present, EnSafe has yet to receive 2002 Annual Report renewal documentation this year.

If there are any questions regarding EnSafe's renewal, please do not hesitate to contact the undersigned (901)372-7962.

Sincerely,

EnSafe Inc.

Stephanie S. Messinger

By: Stephanie S. Messinger
Subcontract Administrator

Enclosure