

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 22 AM 9:39

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

REINSTATEMENT 03



10/22/03--01007--002 \*\*750.00

DOCUMENT # F94000003529

1. Corporation Name

RT ENVIRONMENTAL SERVICES, INC.

Principal Place of Business

Mailing Address

215 W. CHURCH ROAD  
KING OF PRUSSIA PA 19406

215 W. CHURCH ROAD  
KING OF PRUSSIA PA 19406

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

07/06/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

23-2534548

Applied For -

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
CPST	BROWN, GARY R	RD 2 BOX 535	SEWELL NJ 08080
C	CARAMENICO, NICHOLAS J	1722 WILLIAMS WAY	NORRISTOWN PA 19403

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

Signature of  
Registered Agent

*Susan P. Caul*  
REGISTERED AGENT MUST SIGN

Date

10/15/03

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 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.

GARY R. BROWN, PRESIDENT

SIGNATURE:

*Susan P. Caul*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/14/03

Daytime Phone #

610 265-1570

CR2ED40 (7/03)