PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	CORPORATION FLORIDA I S DIVIS				SECRETARY OF STATE DIVISION OF CORPORATIONS 05 JAN 28 PM 1: 37			
DOCUMENT # F96000003145 1. Corporation Name CERES ENVIRONMENTAL SERVICES, INC.								
	al Office Address 5TH AVENUE N	, -	3. Mailing Office Address 3825 85TH AVENUE N			renistatement 01-05		
Suite, Apt. #, etc. #101		Suite, Apt. #, #101	Suite, Apt. #, etc. #101		Date Incorporated or Qualified To Do Business in Florida 06/19/1996			
City & State BROOKLYN PARK, MN		City & State	City & State BROOKLYN PARK, MN		5. FEI Numbe	er	Applied For Not Applicable	
Zip 55443	Country USA	Zip 55443	Country USA		6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee for a Certificate of		itional Fee required	
	7. Name and Address of Current Registered Agent							
	Name CORPORATION SERVICE COMPANY							
	Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET							
	Suite, Apt. #, Etc.							
	City TALLAHASSEE					State Zip Code 32301-2525		
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 Asst. V. Pres. Date 01/27/2005								
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		
DCPT	DAVID MCINTYRE		966 BRENNER AVENUE			ROSEVILLE, MN		
s	STEVEN JOHNSON		3702 DUNBAR KNOLL			BROOKLYN PARK, MN 55443		
					02/03	 00458914 3 /0501006010 **	1 5 1350.00	
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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 filling 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 are accurate, and my signature shall have the same legal effect as if made under oath. SIGNATURE: Summer Street Stre								
SIGNATURE: 105 105, 405, 705 107 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #								