

12/23/2015 10:22:47 AM From: To: 8506176384(1/2)

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) 205-8842
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
ENVIROCORP WELL SERVICES INC.**

| | |
|-----------------------|------------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$3,000.00 |

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Corporate Filing Menu

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**CORPORATION
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2015 DEC 23 PM 1:03

DOCUMENT # F99000002086

1. Corporation Name **ENVIROCORP WELL SERVICES INC.**
Subsurface Construction Corp.2. Principal Office Address - No P.O. Box #
6925 Portwest Drive3. Mailing Office Address
One Penn PlazaSuite, Apt. #, etc.
Suite 110Suite, Apt. #, etc.
2nd FloorCity & State
Houston, TXCity & State
New York, NYZip
77024

Country

Zip
10119

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida **04/22/1999**5. FEI Number
76-0310641Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

38.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
C T Corporation SystemStreet Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc.

City
PlantationState
FLZip Code
33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the provisions of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent**James M. Halpin**
Assistant Secretary
REGISTERED AGENT MUST SIGNDate **12/22/2015**

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 |
|--------|--------------------------------------|---|--------------------|
| PTD | John A. Fleniken | 7020 Portwest Dr., Suite 100 | Houston, TX |
| VSD | Joseph P. Sheldon | 7020 Portwest Dr., Suite 100 | Houston, TX |
| AS | David L. Griffiths | 909 Fannin St., 33rd Floor | Houston, TX |
| | | | |
| | | | |
| | | | |

10. E-mail Address: **meghan.soto@wspgroup.com**

(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in a 817.155, F.S.

SIGNATURE:

Date **12/22/2015** (212) 465-5632

Successor co. by merger