

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

01 MAR 20 PM 1:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F99000002087

1. Corporation Name

ERM ENVIROCLEAN-SOUTHEAST, INC.

Principal Place of Business

7106 CROSSROADS BLVD. SUITE 228  
BRENTWOOD TN 37027

Mailing Address

7106 CROSSROADS BLVD. SUITE 228  
BRENTWOOD TN 37027

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

04/22/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

62-1488423

Applied For

Not Applicable

City & State

City & State

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	4
CP	RIGGENBACH, JACK	2110 MEADOWIND LANE	MARIETTA GA 30062
D	DEAL, JOHN	411 CAROLINA BLVD	ISLE OF PALMS SC 29451
D	GARONZIK, ARNON	855 SPRINGDALE DR	EXTON PA 19341
T	HINES, JOHN	RT 2, BOX 119C	LYLES TN 37098
S	DUNN, DAVID	1045 AVERY CREEK DR	WOODSTOCK GA 30188
AS	HATCH, TOM	419N BLACK MOUNTAIN DR	ANTOCJ TN 37013

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C.T. CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

Name

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

Suite, Apt. #, Etc.

City

State

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.

Signature of  
Registered Agent

*Barbara A. Burke*

BARBARA A. BURKE

Date

1/4/01

REGISTERED AGENT MUST SIGN

SPECIAL ASSISTANT SECRETARY

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.

SIGNATURE:

*Tom Hatch*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/01  
Date

(615) 373-3350  
Daytime Phone #

CR2E040 (800)