

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # G61518

1 Corporation Name

ENVIRONMENTAL DESIGN, INC.

Principal Place of Business

Mailing Address

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

2 New Principal Office Address, If Applicable

4950 GENESEE STREET

Suite, Apt. #, etc.

SUITE 170

City & State

BUFFALO NY

Zip

14225

Country

USA

3 New Mailing Office Address, If Applicable

4950 GENESEE STREET

Suite, Apt. #, etc.

SUITE 170

City & State

BUFFALO NY

Zip

14225

Country

USA

4 Date Incorporated or Qualified
To Do Business in Florida

9-28-83

5 FEI Number

59-2393047

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/T/D	LOUIS E. WAGNER	4950 GENESEE ST., SUITE 170	BUFFALO, NY 14225
V/S/D	THOMAS F. WAGNER	4950 GENESEE ST., SUITE 170	BUFFALO, NY 14225

700003059067-6
-12/02/99-01062-031
***2115.00 ***2115.00

Handwritten signature and date 11/16

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

Handwritten signature of Deborah D. Skipper

Deborah D. Skipper
as its agent

Date

10/27/99

REGISTERED AGENT MUST SIGN

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Handwritten signature of Louis E. Wagner

11/3/99

Date

(716) 681-6433
Daytime Phone #

CF2E881 (12/98)