PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.		
CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE  Katherine Harris  Secretary of State  DIVISION OF CORPORATIONS	FILED -01 JUL 17 PM 2: 12
DOCUMENT # 768569  1. Corporation Name		SECRETARY OF STATE TALLAHASSEE, FLORIDA
MAGNUM ENVIRONMENTAL SERVICES, INC.		
1		000004533760 / 08/14/0101043020
2. Principal Office Address	3. Mailing Office Address	****550.00 ****550.00
(280 N.E. 40 OT.	SAME Suite, Apt. #, etc.	- 2001 UBC
Suite, Apr. W. Suc.	Gold, Apr. W. Gol.	4. Date Incorporated or Qualified
City & State 2	City & State	To Do Business in Florida APRIL 17, 1987  5. FEI Number Applied For
TOMPANO DEPCH TL		59-2819155 Not Applicable
33064 USA	Zip Country	6. CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
Name C.T. CORPORation System		
Street Address (P.O. Box Number is Not Acceptable)		
1200 SOUTH PINE ISLAND ED.		
Citro State Zip Code		
"KANTATION		FL 33324
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 Commie Bryan Special Ast. of Date 7-16-01		
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 Officer and/or Dir	
DIR HARRY HABETS	14901 Quorum Dr.	STE 200 DALLAS TX 75240
DIR WILLIAM M. ADDY 14901 QUORUM DR STE 200 DALLAS TX 75240		
DIR WILLIAM W. SOLOM	ON, JE 14901 QUORUM DR	2 STE 200 DALLAS TX 75240
SEC. DAN SELF	14901 QUORUM D	e Ste 200 DALLAS TX 75240.
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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 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: WILLIAM W. SOLOMON, JR 7-13-01 972-858-6025 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		