


# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # J98527		
1. Entity Name ENVIRONMENTAL SOLUTIONS WORLDWIDE, INC.		

**FILED**  
09 APR 15 PM 2:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 335 CONNIE CRESCENT CONCORD, ON 14k-5r2 CA	Mailing Address 335 CONNIE CRESCENT CONCORD, ON 14k-5r2 CA
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04132009 REIN-P CR2E098 (1/07)

4. FEI Number 98-0346454		Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Please see next page for Reg Agent signature. DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$300.00</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COB AMERSEY, NITIN 300 CENTER AVE SUITE 202 BAY CITY, MI <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600150070856 04/15/09--01001--012 **308.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHNSON, DAVID 335 CONNIE CESCENT CONCORD, ON 14k 5r2 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ODNER, BENGT G THE GRANGE BURRILL BEDALE NORTH YORKSHI, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO SCHWARTZ, JOEY 335 CONNIE CRESCENT CONCORD, ON 14k 5r2 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DIRECTOR SCHWARTZ, JOEY 7-214 JARDIN DR. CONCORD, ON, 14K1X8
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALBANESE, MICHAEL F 18 LISA COURT PARSIPPANY, NJ 07054 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VP OPERATIONS STEFAN BOEKAMP 335 CONNIE CRESCENT CONCORD, ON, 14K5R2
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNLAP, JOHN 925 L STREET STE 850 SACRAMENTO, CA 95814 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CAO PRAVEEN NAIR 335 CONNIE CRESCENT CONCORD ON, 14K 5R2

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: P. Nair PRAVEEN NAIR APR 12 13/09 905-695-4142

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #