

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # L38771

1. Corporation Name

MEDICO ENVIRONMENTAL SERVICES, CORP.

Principal Place of Business

Mailing Address

13200 58TH ST. N.  
CLEARWATER FL 37760  
US

13200 58TH ST. N.  
CLEARWATER FL 37760  
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/21/1989

5. FEI Number

NOT-APPLICABLE

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PTD	HUBBELL, GERALD B	499 N INDIAN ROCKS RD	BELLEAIR BLUFFS FL
VPD	VAILLANCOURT, ROBIN A	2342 KINGS PT DR.	LARGO FL
TD	HUBBELL, STELLA M	499 N INDIAN ROCKS RD	BELLEAIR BLUFFS FL
VPD	COURTNEY, W. ROY	605 BAYVIEW DR.	BELLEAIR BLUFFS FL

8. Name and Address of Current Registered Agent

GERALD B. HUBBELL  
499 N INDIAN ROCKS ROAD  
BELLEAIR BLUFFS FL 34640

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

400003851574-4

-03/13/01-01128-003

\*\*\*\*300.00 \*\*\*\*300.00

State

Zip Code

FL

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

Date 10-30-00

REGISTERED AGENT MUST SIGN

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stella M. Hubbell

Date

Daytime Phone #

10-30-00-727-532-0099

SecTreg.



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CR2E040 (8/00)