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To:Division of Corporations
Fax Number : (850) 617-6384**From:**Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368**CORPORATION REINSTATEMENT****MEDICO ENVIRONMENTAL SERVICES, CORP.**

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # L38771 1. Corporation Name Medico Environmental Services, Corp.					
2. Principal Office Address - No P.O. Box # 28161 N. Keith Dr.		3. Mailing Office Address 28161 N. Keith Dr.		4. Date Incorporated or Qualified To Do Business in Florida 12/21/1989	
5. City & State Lake Forest, IL		6. City & State Lake Forest, IL		7. FED Number 883004111	
8. Zip 60045	9. Country USA	10. Zip 60045	11. Country USA	12. CERTIFICATE OF STATUS DESIRED ☐	
13. Name and Address of Current Registered Agent Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road Suite, Apt. #, Etc. City Plantation					
14. State FL					
15. Zip Code 33324					
16. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0605, F.S. Signature of Registered Agent <u><i>Laura Brodeur</i></u> Date <u>1-28-09</u> REGISTERED AGENT MUST SIGN					
17. Names and Street Addresses of Each Officer and/or Director (Florida non-profit corporations must list at least 3 directors)					
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
D/P	Mark C. Miller	28161 N. Keith Drive		Lake Forest, IL 60045	
D/V	Richard T. Kogler	28161 N. Keith Drive		Lake Forest, IL 60045	
D	Frank J.M. ten Brink	28161 N. Keith Drive		Lake Forest, IL 60045	
V/T/S	Frank J.M. ten Brink	28161 N. Keith Drive		Lake Forest, IL 60045	
Asst. S	Rhonda Toth	28161 N. Keith Drive		Lake Forest, IL 60045	
18. 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 action 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 contained in Chapter 119, 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: <u><i>Frank ten Brink</i></u> Frank ten Brink VICE PRESIDENT 1/20/2008 (847) 387-5910 DATE DAYTIME PHONE #					

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E0617 (2/08)

Laura Brodeur
Assistant Secretary

REINSTATEMENT

07-09