2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 23, 2004
Secretary of State

DOCUMENT# N02000004386

Entity Name: ENVIRONMENTAL CONSERVATION, INC.

Current Principal Place of Business:

525 SW 16TH STREET
BELLE GLADE, FL 33430

New Principal Place of Business:

Current Mailing Address:

525 SW 16TH STREET
BELLE GLADE, FL 33430

New Mailing Address:

FEI Number: 37-1432206 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GUTU, JONAS
525 SW 16TH STREET
BELLE GLADE, FL 33430 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	VD	( ) Delete
Name:	KWANGWARI, CHRISTOPHER	
Address:	1508 SW AVE E	
City-St-Zip:	BELLE GLADE, FL 33430	
Title:	D	( ) Delete
Name:	GWEDE, CLEMENT K	
Address:	12902, MAGNOLIA DRIVE	
City-St-Zip:	TAMPA, FL 33612	
Title:	D	( ) Delete
Name:	THICKLIN, J R	
Address:	P O BOX 336	
City-St-Zip:	BELLE GLADE, FL 33430	
Title:	PD	( ) Delete
Name:	GUTU, JONAS MR	
Address:	525 SW 16TH STREET	
City-St-Zip:	BELLE GLADE, FL 33430 US	
Title:	C	( ) Delete
Name:	GUTU, JONAS MR	
Address:	525 SW 16TH STREET	
City-St-Zip:	BELLE GLADE, FL 33430 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JONAS GUTU MR. 10/23/2004
Electronic Signature of Signing Officer or Director — Date