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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAR 20 PM 12:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION**  **FLORIDA DEPARTMENT OF STATE**  
**Secretary of State**  
**DIVISION OF CORPORATIONS**

**DOCUMENT #** P00000043425

**1. Corporation Name** Environmental Concepts, Inc  
 9300 SW 25 STREET SUITE 109  
 Miami, Florida 33172

**2. Principal Office Address** 9300 SW 25 STREET  
**3. Mailing Office Address**

**Suite, Apt. #, etc.** SUITE 109  
**Suite, Apt. #, etc.**

**City & State** MIAMI FLORIDA  
**City & State**

**Zip** 33172 **Country** U.S.A. **Zip** **Country**

200014854062  
03/28/03--01003--021 \*\*300.00

**4. Date Incorporated or Qualified To Do Business in Florida** 1/2002

**5. FEI Number** 05-100 6074 **Applied For**  
 Not Applicable

**6. CERTIFICATE OF STATUS DESIRED**  **SP 75. Address of Principal Office**

**7. Name and Address of Current Registered Agent**

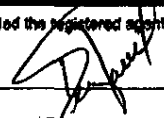
**Name** REIZEL LARREA

**Street Address (P.O. Box Number is Not Acceptable)** 4450 SW 154 PL

**Suite, Apt. #, Etc.**

**City** MIAMI **State** FL **Zip Code** 33185

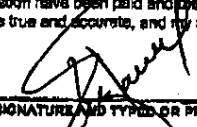
**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0503 or 617.0503, F.S.**

**Signature of Registered Agent**  **REGISTERED AGENT MUST SIGN** **Date** 3-19-03

**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 Each Officer and/or Director	City / State / Zip
P.V.T.S	REIZEL F. LARREA	4450 SW 154 PL	MIAMI, FLORIDA
		62-03 UBI	ITS

**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:**  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **Date** 3-19-03 **Daytime Phone #** 305-593-8214

CORPORATION (1992)

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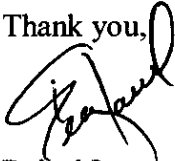
## **Envirowear Concepts, Inc.**

9300 NW 25 Street Miami, Florida 33172  
Tel: 305 593 8214 Fax: 305 593-8541

Florida Department Of State Division of Corporation:

I never received the annual report for 2001 & 2002, please waive the value of the penalties;

Thank you,



Reizel Larrea  
President