

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P00000095426**

1. Corporation Name

ENVIRONMENTAL PROBING SERVICES, INC.

Principal Place of Business

Mailing Address

906 DOE RUN RD.
HAVANA FL 32333

906 DOE RUN RD.
HAVANA FL 32333

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

10/10/2000

5. FEI Number

65-1064755

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	KELLY, RICHARD L	415 AMES BARINEAU RD 906 DOE RUN ROAD	HAVANA FL 32333
V	KELLY, GREGORY M	5106 HODGES RD	ELDERBURG MD 21784
T	KELLY, LORRI F	906 DOE RUN RD.	HAVANA FL 32333

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KELLY, RICHARD L
415 AMES BARINEAU RD
HAVANA FL 32333

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Richard L. Kelly

REGISTERED AGENT MUST SIGN

Date 11/3/03

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:

Richard L. Kelly
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/3/03
Date

850
539-4277
Daytime Phone #

FILED
03 OCT 30 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 07

CR2E040 (7/03)