

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 # P01000010322

1. Corporation Name

ENVIRONMENTAL SYSTEMS & SOLUTIONS, INC.

Principal Place of Business

22817 BAY CEDAR DRIVE  
LAND O' LAKES FL 34639

Mailing Address

22817 BAY CEDAR DRIVE  
LAND O' LAKES FL 34639

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

26504 S.R. 54  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

PO Box 1346  
Suite, Apt. #, etc.

City & State

LUTZ, FL

City & State

LAND O' LAKES, FL

Zip  
33559

Country  
PASCO

Zip  
34639

Country  
PASO

4. Date Incorporated or Qualified  
To Do Business in Florida

01/29/2001

5. FEI Number

59-3696053

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	WHITE, CHRISTOPHER S	22817 BAY CEDAR DRIVE	LAND O' LAKES FL 34639
SVD	CARTER, BRAD	22817 BAY CEDAR DRIVE	LAND O' LAKES FL 34639

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

CHRISTOPHER S. WHITE

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

26504 S.R. 54 STE. 945

Suite, Apt. #, Etc.

945

City

LUTZ

State

FL

Zip Code

33559

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

*Christopher S. White*

REGISTERED AGENT MUST SIGN

Date 12/5/03

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:

*Brad Carter*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/03

Date

813-389-0119

Daytime Phone #

FILED

03 DEC 15 PM 3:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

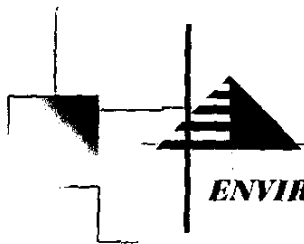
REINSTATEMENT 03



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12/15/03--01011--025 \*\*150.00

CR2E040 (7/03)



**ENVIRONMENTAL SYSTEMS & SOLUTIONS, INC.**

Department of State  
Division of Corporations  
Po Box 6327  
Tallahassee, FL 32314

To Whom It May Concern,

Our company Environmental Systems & Solutions, Inc. never received the two prior uniform business report notices. I have enclosed a check for \$150.00 for the filing fee. Please send any future correspondence to the new mailing office address.

Sincerely,

Brad Carter

Environmental Systems & Solutions, Inc.

P.O. Box 1346  
Land O Lakes, FL 34639

Phone: 813-929-9862  
Fax: 813-973-7888