

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 AUG -8 PM 1:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000045479**

1. Corporation Name
ENVIROCHEK, INC.

TAX ID # **59-3707157**

2. Principal Office Address
11125 PARK BLVD.

3. Mailing Office Address
P.O. BOX 7901

Suite, Apt. #, etc.
Suite 104-179

Suite, Apt. #, etc.

City & State
SEMINOLE, FLORIDA

City & State
SEMINOLE, FLORIDA

Zip
33742 Country
UNITED STATES

Zip
33742 Country
UNITED STATES

4. Date Incorporated or Qualified
To Do Business in Florida **05/14/2001**

5. FEI Number
59-3707157

Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name
STEVE STRATTON

11125 PARK BLVD, Suite 104-179

Suite, Apt. #, Etc.

City
SEMINOLE

State
FL Zip Code
33772

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date **8/3/05**

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
PRES.	STEVE STRATTON	11125 PARK BLVD, Suite 104-179	SEMINOLE, FL 33742

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **8/3/05**

Daytime Phone # **727-397-1575**

CR2E061 (9/05)