

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

05 JUN -2 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PO1000059112

1. Corporation Name

Environmental Research and Information Institute, Inc.

2. Principal Office Address
2000 NW 105 Lane

3. Mailing Office Address
70 W. Madison St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Suite 5750

City & State
Coral Springs, FL

City & State
Chicago, IL

Zip
33071

Country

Zip
60602

Country

**4. Date Incorporated or Qualified
To Do Business in Florida** 06-11-01

5. FEI Number
43-1959509

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Corporation Services Company

Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

Suite, Apt. #, Etc.

City
Tallahassee

State
FL

Zip Code
32301

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

Karen M. Dyer, Asst. Sec. Date 5/26/05
REGISTERED AGENT MUST SIGN

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
Preside	Per-Erik Persson	Rannilbo Nykvam	Nykvam, Sweden SE 155930C
Secret	Thomas H. Thorelli	70 W. Madison St., Ste. 5750	Chicago, IL. 60602

100055857331
06/02/05--01034--001 **1050.00

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:

Thomas H. Thorelli
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas H. Thorelli

5/23/05

Date

312-357-0300

Daytime Phone #

CR2E081 (01/05)