

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 APR 25 PM 12:05

DOCUMENT # **P03000111500**

1. Corporation Name

**NATIONAL ENVIRONMENTAL
CONSULTANTS, INC.**

900125555629

04/24/08--01035--010 **1350.00

CR2E081 (12/07)

2. Principal Office Address - No P.O. Box #

17047 BOCA CLUB BLVD

3. Mailing Office Address

Suite, Apt. #, etc.

162 A

Suite, Apt. #, etc.

City & State

BOCA RATON

City & State

Zip

33487

Country

US

Zip

Country

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

10/9/2003

5. FEI Number

☒ 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

VICTOR SMIRNOW

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

17047 BOCA CLUB BLVD

Suite, Apt. #, Etc.

162 A

City

BOCA RATON

State

FL

Zip Code

33487

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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]

Date

4/22/08

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
P	ELIZABETH SMIRNOW	17047 BOCA CLUB BLVD	BOCA RATON, FL 33487
V.P.	VICTOR SMIRNOW	17047 BOCA CLUB BLVD-162A	BOCA RATON, FL 33487

REINSTATEMENT 04-08

B 4/28/08

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 contained in Chapter 119, 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

Daytime Phone #

561.995.5977