

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 MAR -4 PM 12:21

DOCUMENT # P07000042948

1. Corporation Name

Environmental & Management Consultancy Inc

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

8739 NW 38 Street

Suite, Apt. #, etc

#223

3. Mailing Office Address

8739 NW 38 Street

Suite, Apt. #, etc

#223

City & State

Sunrise FL

City & State

Sunrise FL

Zip

33351

Country

USA

Zip

33351

Country

USA

200171174562  
03/04/10--01002--019 \*\*300.00  
**REINSTATEMENT** <sup>(09)</sup> 08-10

4. Date Incorporated or Qualified  
To Do Business in Florida

4-5-07

5. FEI Number

26-4245167

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

Warren Nicholson

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

8739 NW 38 Street

Suite, Apt. #, Etc.

#223

City

Sunrise

State

FL

Zip Code

33351

☒ 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 2.25.2010

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	Warren Nicholson	8739 NW 38 Street #223	Sunrise FL 33351

10. E-mail Address: warrenick10@yahoo.com

(To be used for future annual report notification)

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. I further certify, 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)

2.25.2010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #