2005 FOR PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT						FILED			
DOCUMENT # P9300008632 1. Entity Name PENSACOLA ENVIRONMENTAL SERVICES, INC.					FILED SECRETARY OF STATE DIVISION OF CORPORATIONS				
					05 DEC -9 PM 4: 48				
Principal Place	e of Rusiness	Mailing Address							
7200 SHARP REEF PO BOX 34450									
3 PENSACOLA, FL 32507 US				ı					
PENSACOLA, FL 32507 US						(12) 22 (12) 3 (14) 3 (14) 5 (14)	T Be rti Bren t i t ilê ûnt ê d ikê.	0 (1910) A (1991	
Principal Place of Business 3. Mailing Address									
7203 CART, KIND REEF								(
Suite, Apt. #, etc.					10142005	REIN-P	CR2E098 (6/0	14)	
City & State City & State					4. FEI Numbe			Applied For	
PENSACORA, FL			Country		59-316	5134	20.75	Not Applicable	
Zip Country 32507 ESCAMBIA		Zip Countr		ury	5. Certificate of Status Desired			S8.75 Additional Fee Required	
	Registered Agent			7. Name and	Address of New R	egistered Agent			
1					Name				
DAVIS, KE		Street Address (P.O. Box Number is Not Acceptable)							
PENSACOLA, FL 32501									
							T		
				City			FL Zip C		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.									
SIGNATURE Note or printing (plants or registered agent and title if applicable. (NOTE: Registered Agent alignature required when reinstating) DATE									
 									
FILE NOWIII FEE IS \$750.00 After January 1, 2006, Fee will be \$900.00									
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFFI	ICERS AND DIRECT	ORS IN 11	
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12. I hereby certify that the information supplied with this filling done not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal affect as if made under outsit that I am an efficiency of the state of the same legal affect as if made under outsit that I am an efficiency of the same legal affect as if made under outsit that I am an efficiency of the same legal affect as if made under outsit that I am an efficiency of the same legal affect as if made under outsit that I am an efficiency of the same legal affect as if made under outsit that I am an efficiency of the same legal affect as if made under outsit that I am an efficiency of the same legal affect as if made under outsit that I am an efficiency of the same legal affect as if made under outsit that I am an efficiency of the same legal affect as if made under outsit that I am an efficiency of the same legal affect as if made under outsit that I am an efficiency of the same legal affect as if made under outsit that I am an efficiency of this same legal affect as if made under outsit that I am an efficiency of the same legal affect as if made under outsit that I am an efficiency of the same legal affect as if made under outsit the same legal affect as if made under outsit the same legal affect as if made under outsit the same legal affect as if made under outsit the same legal affect as if made under outsit the same legal affect as if made under outsit the same legal affect as if made under outsit the same legal affect as if made under outsit the same legal affect as if made under outsit the same legal affect as if made under outsit the same legal affect as if made under outsit the same legal affect as if made under outsit the same legal affect as if made under outsit the same legal affect as if made under outsit the same legal affect as if made under outsit the same legal affect as									
12. I hereby certify that the information supplied with this filing done not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or truetee employed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.									
SIGNAT	URE:	PRINTED NAME OF SIGNING OFFICER			12	100,102	850 492	1312	
	2 BRINATURE AND TYPED ON	FORTI SU NAME OF BIGMING OFFICER	- ON DINECT	IUN		Date	Daytime Phon		