

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 MAY -6 PM 3:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000011693

1. Corporation Name

ENVIRO-O-MAN, INC.

2. Principal Office Address

4141 Pine Forest Road

Suite, Apt. #, etc.

City & State

Cantonment, FL

Zip

32533-6545

Country

Escambia

3. Mailing Office Address

4141 Pine Forest Road

Suite, Apt. #, etc.

City & State

Cantonment, FL

Zip

32533-6545

Country

Escambia

4. Date Incorporated or Qualified  
To Do Business in Florida 02/08/1993

5. FEI Number  
59-3288971

Applied For

Not Applicable

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

REINSTATEMENT 03-04

**7. Name and Address of Current Registered Agent**

Name

Farrell Killingsworth

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

4141 Pine Forest Road

Suite, Apt. #, Etc.

City

Cantonment

State

FL

Zip Code

32533-6545

100035558351  
05/06/04--01022--019 \*\*\*900.00

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

Date

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
D	Farrell Killingsworth	4141 Pine Forest Road	Cantonment, FL 32533-6545

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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/2004

Date

850-266-0031

Daytime Phone #

CR2E081 (01/04)