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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

05 JUL 15 AM 10:46

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P930000 53559**

1. Corporation Name
ENVIRONMENTAL SERVICES ENGINEERING, INC

2. Principal Office Address 1500 Carlton Cemetery Rd		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Perry FL		City & State	
Zip 32348	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida **7-26-93**

5. FEI Number **59-3196767** 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 **Gary R. Lawson**

Street Address (P.O. Box Number is Not Acceptable) **1500 Carlton Cemetery Rd**

Suite, Apt. #, Etc.

City **Perry** State **FL** Zip Code **32348**

REINSTATEMENT 96-05

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 _____

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.	Ken Johnson	1500 Carlton Cemetery Rd	Perry FL 32348
V	Gary Lawson	1500 Carlton Cemetery Rd	Perry FL 32348
ST	Robin Johnson	1500 Carlton Cemetery Rd	Perry FL 32348

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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]** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____

CITIZENSHIP (M/05)

I. GARY LAWSON Did NOT Recieve Documentation ²⁰²
FOR 1996 year ANNUAL Report ~~for~~

Jay R Lawson
7/15/05

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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