


# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P93000053559	
1. Entity Name ENVIRONMENTAL SERVICES ENGINEERING, INC.	

FILED

07 MAR -7 AM 10:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 1500 CARLTON CEMETERY RD PERRY, FL 32348	Mailing Address 1500 CARLTON CEMETERY RD PERRY, FL 32348
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2. Principal Place of Business - No P.O. Box # 1211 E JACKSON AVE. Suite, Apt. #, etc. Chipley Fl. City & State	3. Mailing Address 1211 E JACKSON AVE. Suite, Apt. #, etc. Chipley Fl. City & State
Zip 32428 Country Washington	Zip 32428 Country Washington



6. Name and Address of Current Registered Agent LAWSON, GARY R 1500 CARLTON CEMETERY RD PERRY, FL 32348	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHNSON, KEN 1500 CARLTON CEMETERY RD PERRY, FL 32348 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	sp LAWSON, GARY 1500 CARLTON CEMETERY RD PERRY, FL 32348 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAWSON GARY 1211 E JACKSON AVE. Chipley Fl. 32428 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST JOHNSON, ROBIN 1500 CARLTON CEMETERY RD PERRY, FL 32348 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300092347713 03/13/07--01014--027 ***300.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 trustee empowered 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.

SIGNATURE: Gary R. Lawson 3/7/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #