

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 DEC 22 PM 12: 58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000085629

1. Corporation Name

CHEMICAL POLLUTION CONTROL, INC. OF FLORIDA - A
21ST CENTURY ENVIRONMENTAL MANAGEMENT COMPANY

Principal Place of Business

Mailing Address

3428 SW 15TH ST
DEERFIELD BCH FL 33442
US

100 KING STREET, WEST
22ND FLOOR
HAMILTON L8N 4J6
OT

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

12/15/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0476480

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	THOMAS, ALEC	345 HORNER AVE.	ETOBICOKE, ON M8W 1Z6
VP	PETERSON, TOM	1160 VICKERY LN.	CORDOVA, TN 38018
S	PALUMBO, MARIS	5151 SAN FELIPE, STE 1600	HOUSTON, TX 77056
S	HUSTON, DEBORAH	5151 SAN FELIPE, STE 1600	HOUSTON, TX 77056
			600003515156--6 12/28/00--01013--008 ****750.00 ****750.00 LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Barbara A. Burke

BARBARA A. BURKE

SPECIAL ASSISTANT SECRETARY

Date

12/19/00

REGISTERED AGENT MUST SIGN

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 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

Date

12/19/00 713-625-7019

Daytime Phone #