

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT 23 PM 1:56

DOCUMENT # **P95000043056**

1. Corporation Name

**ENVIRONMENTAL TECH CONSULTANTS, INC.**

Principal Place of Business

25158 S.W. 124TH COURT  
HOMESTEAD FL 33032  
US

Mailing Address

25158 S.W. 124TH COURT  
HOMESTEAD FL 33032  
US

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

**REINSTATEMENT** 00

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

06/02/1995

5. FEI Number

65-0585631

Applied For

Not Applicable

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	ODIO, FREDERICK M	25158 S.W. 124TH COURT	HOMESTEAD FL 33032
EVS	ODIO, ALMA E	25158 S.W. 124TH COURT	HOMESTEAD FL 33032
V	CULPEPPER, CHARLES	999 BRICKELL BAY DRIVE #905	MIAMI FL 33131
			300003464843--3 -11/15/00--01100--012 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

ODIO, FREDERICK M  
25158 S.W. 124TH COURT  
HOMESTEAD FL 33032

9. Name and Address of New Registered Agent

Name

Frederick M. Odio SR

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

25158 SW 124 CT

Suite, Apt. #, Etc.

HOME

City

MIAMI

State

FL

Zip Code

33032

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

**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date 10-17-2000

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)(i), 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

Daytime Phone #

305-446-8393