PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Katherine Harri **FOR** Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 5000060053 99 MAY -3 AH 2:20 **DOCUMENT #** ENVIRONMENTAL & DEMOLITION CONSULTANTS, INC. Principal Place of Business 2401 NE 374 STARET FORT LOUDERDILE, FC 33308 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 Date Incorporated or Qualified To Do Business in Florida Suite, Apt. #, etc. Suite, Apt. #, etc Applied For City & State City & State Country Country 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) Name of Officers and/or Directors Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Title(s) City / State / Zip 2401 NE 37" ST LAUDEN MIE, to 3330 REINSTATEME E00002875026--7 -05/14/99-0000-089 \*\*\*1050 00 \*\*\*1050.00 8. Name and Address of Current Registered Agent Name and Address of New Registered Agent Name PAULD F. DAMERAY 2401 WE 37 STREET FORT LAUDERDAKE FZ lox Mumber is Not Acceptable) Street Address (P.O. B Suite, Apt. #, Etc. City red corporation, am familiar with and accept the obligations of Section 607.0505, F.S amerila Date REGISTERED AGENT MUST SIGN 11. This corporation owes the current year (See other side for information on intangible tax.) Yes 🔲 No 🗹 Intangible Personal Property Tax due June 30. 12 Toertify 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: