	PLEASE READ PLICATION FOR ISTATEMENT	FLORID	FRUCTIONS A DEPARTME Sandra B. Mo Secretary of SIVISION OF CORPO	NT OF STATE rtham State		TING THIS FORM.  APPROVED  AND FILED	
DOCUMENT# 'P96000012838					98 NOV 20 PM 3: 07		
1. Corporation Name  ENVIRONMENTAL SOLUTIONS & TECHNOLOGY, INC.					SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal P	Place of Business	ress		1	•		
SUITE A SUIT			325 WEST BROADWAY RUITE A DAHO FALLS ID 83402				
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 Incorp	ness in Florida	100(1000
			Suite, Apt. #, etc. City & State			APPLIED FOR	/09/1996 Applied For
ip Country Zip			Country		6. CERTIFICAT	\$8.7	Not Applicable 5 Additional Fee require r a Certificate of Status
Names	and Street Addresses of Each Officer and/o	Director /Flo	rida naporofit corpor	ations must list at los	<u> </u>		a certificate of Status,
	Name of Officers	Director (1-10	Sti	eet Address of Each			
Title(s)	and/or Directors		Officer and/or Director 3 (Do NOT Use Post Office Box Numb		umbers)	City / Sta	ite / Zip
PD	GAUDIO, CRAIG THOMAS	2325 W. BROADWAY, STE A			IDAHO FALLS ID 83402		
VSTD	KASS, CLAYTON H	29442 MODJESKA ROAD			MODJESKA CA 92667		
D	reed, e. diane	R.D. 3			KUTZTOWN PA 19605		
D	WARREN, MORGAN	232 ARLINGTON STREET			AUCTION MA 01742		
		,				Mb	AR.
					, ·	11-20	<del>~10</del>
8. Name and Address of Current Registered Agent					9. Name and A	Address of New Registered A	gent
Name							
LINDSEY, SCOTT WM Street Address (P.					O. Box Number	is Not Acceptable)	
1407 PIEDMONT DRIVE EAST TALLAHASSEE FL 32312 Suite, Apt. #, Etc.					8000026958985		
City							
0. I, being Signature o Registered	Agent Min Kesu Lev	Men		JIRED	oligations of Secti	on 607.0505, F.S.  Date	<i>B</i>
	is corporation owes or ha angible Personal Property			ar Yes 🗌	No 🗆		for information jble tax.)
	· · ·					t	

12. 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 filling 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 for 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 fand my signature shall have the same legal effect as if made under oath.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGN

- GAUDIO

(208) 528 - 0500 Daytime Phone #