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 18 PM 2:33

DOCUMENT # P96000062158

1. Corporation Name

ENVIRONMENTAL DIGITAL SERVICES, INC.

Principal Place of Business	Mailing Address
~~2700 DONALD ROSS ROAD~~	~~2700 DONALD ROSS ROAD~~
~~PALM BEACH GARDENS FL 33410~~	~~PALM BEACH GARDENS FL 33410~~

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		3. New Mailing Office Address, If Applicable	
825 S. US Hwy One		825 S. US Hwy One	
Suite, Apt. #, etc. Suite 240		Suite, Apt. #, etc. Suite 240	
City & State Jupiter FL		City & State Jupiter FL	
Zip 33477	Country US	Zip 33477	Country US

4. Date Incorporated or Qualified To Do Business in Florida: 07/25/1996

5. FEI Number: 65-0714523 — 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
PS	CREHAN, JAMES P	3500 Marigold Court ~~104 SEASHORE DRIVE~~ Unit 211 ~~Palm Beach Gardens FL~~	~~JUPITER FL 33477~~ Palm Beach Gdns FL 33410
			300003440053--8 -10/26/00--01039--009 ****750.00 ****750.00
			10/25

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
CREHAN, JAMES P SR. ~~104 SEASHORE DRIVE~~ ~~JUPITER FL 33477~~	Name:
	Street Address (P.O. Box Number is Not Acceptable): 3500 Marigold Court
	Suite, Apt. #, Etc.: Unit 211
	City: Palm Beach Gardens — State: FL — Zip Code: 33410

CR2E040 (8/00)

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 — Date: 10/16/00

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)(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 REQUIRED James P. Crehan Pt — 10/16/00 — 561 630 8009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #