

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 JUL 25 AM 12:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000062158

1. Corporation Name

Environmental Digital Services, INC

2. Principal Office Address - No P.O. Box #

17 Bay Harbor Road

Suite, Apt. #, etc.

City & State

Tequesta, FL

Zip

33469

Country

USA

3. Mailing Office Address

17 Bay Harbor Road

Suite, Apt. #, etc.

City & State

Tequesta, FL

Zip

33469

Country

USA

CR2E081 (1/07) 01-07  
**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida

7/25/1996

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. Name and Address of Current Registered Agent

Name

Robert B. Cook

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

17 Bay Harbor Road

Suite, Apt. #, Etc.

City

Tequesta

State

FL

Zip Code

33469

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

Robert B Cook

Date

7/1/07

REGISTERED AGENT MUST SIGN

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

| Titles     | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip            |
|------------|--------------------------------------|---|-------------------------------|
| <u>P/O</u> | <u>Noreen Griffin</u>                | <u>7637 Leesburg Pike #200</u>                    | <u>Falls Church, VA 22043</u> |
|            |                                      |   |                               |
|            |                                      |   |                               |
|            |                                      |   |                               |
|            |                                      |   |                               |
|            |                                      |   |                               |

30106697593  
07/25/07--01035--010 \*\*1658.75

10. 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 contained in Chapter 119, 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:

Noreen Griffin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/23/07

Date

561-346-4359

Daytime Phone #

Q. Michael

III 2 5 2007