

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # **P916000065085**

1. Corporation Name
ENVIRONMENTAL PLANNING + DEVELOPMENT Group, Inc

Principal Place of Business Mailing Address **same**
285 SEVILLA
CORAL GABLES, FL 33134

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

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

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida **8/2/96**
 5. FEI Number **65-0684038**
 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
DIR	BLITSTEIN, J. FREDERIC	285 SEVILLA AVE	CORAL GABLES, FL 33134
DIR	HAUSER, JAMES A.	3191 CORAL WAY, #405	MIAMI, FL 33145
			7000002832267--8 -04/07/99--01078--012 ***1050.00 ***1050.00

8. Name and Address of Current Registered Agent

JAMES A. HAUSER
3191 CORAL WAY #405
MIAMI, FL 33145

9. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
FL

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]**
 REGISTERED AGENT MUST SIGN

Date **3/25/99**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

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 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]**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3/25/99** (305) 529-1100
 Daytime Phone #

CR25040 (12/95)