

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 21 PM 12:38

DOCUMENT # P97000033178

1. Corporation Name

Enviro Systems of Lauderhill, Inc.

2. Principal Office Address

19589 Northeast 10 Avenue

3. Mailing Office Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

North Miami, Florida

City & State

Zip

33179

Country

USA

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

4/14/97

5. FEI Number

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 98-00

7. Name and Address of Current Registered Agent

Name

Eric Nadel

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

19589 Northeast 10 Avenue

Suite, Apt. #, Etc.

City

North Miami

State

FL

Zip Code

33179

100003344001-6
-08/02/00--01064--010
***1050.00 ***1050.00

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

Eric Nadel

Date 7/18/00

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 Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Eric Nadel	19589 Northeast 10 Avenue	North Miami, FL 33179

7/18

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 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:

Eric Nadel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/18/00

Date

(305) 999-0091

Daytime Phone #