

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FOR REINSTATEMENT



APPROVED  
FILED

98 DEC 14 PM 12:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000056898

1. Corporation Name

WALSH ENVIRONMENTAL SERVICES, INC.

Principal Place of Business

Mailing Address

1623 N. US HWY. 1. STE. B5  
SEBASTIAN FL 32958

P.O. BOX 780-125  
SEBASTIAN FL 32978-0125

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 Incorporated or Qualified  
To Do Business in Florida

06/27/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 (Do NOT Use Post Office Box Numbers) Street Address of Each Officer and/or Director	4 City / State / Zip
D	WALSH, PATRICK K	P.O. BOX 780-125	SEBASTIAN FL 32958
D	MASTELLER, EARL	P.O. BOX 780-125	SEBASTIAN FL 32958
D	MOLER, STEVE	P.O. BOX 780-125	SEBASTIAN FL 32958

000002718828 5  
-12/22/98--01038--018  
\*\*\*150.00 \*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date 12/1/98

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/1/98 (61)589-4543

CR2E040 (9/98)