PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

3/14/04 01098 010 #1,050.00

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 APR -7 PM 12:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000072960

1. Corporation Name

FIRSTLINE ENVIRONMENTAL SOLUTIONS INC.

Principal Place of Business	Mailing Address
20189 56 AVENUE SUITE 203 LANGLEY BC V3A3Y-6 CA	20189 56 AVENUE SUITE 203 LANGLEY BC V3A3Y-6 CA

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

REINSTATEMENT 02-04

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 08/22/1997 MRD

5. FEI Number: 65-1001685 ☐ 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
DP	MOLLICA, GINO	20189 56 AVENUE	LANGLEY BC V3A3Y6
DS	MORRISON, GRANT	20189 56 AVENUE	LANGLEY BC V3A3Y6

8. Name and Address of Current Registered Agent

LITTMAN, ERIC P
7695 S.W. 104TH STREET
SUITE 210
MIAMI FL 33155-6

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

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of Registered Agent: SIGNATURE REQUIRED — Date: 4/4/04

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 Gino Mollica 3/23/04 604 530-3442

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