

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 OCT -8 PM 1:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PC8000024524
1. Corporation Name
ENVIRONMENTAL CONSTRUCTORS INC

2. Principal Office Address - No P.O. Box #
9100 HAMMAN AVE
Suite, Apt. #, etc.
City & State
PENSACOLA FL
Zip
32514 Country
USA

3. Mailing Office Address
PO BOX 5606
Suite, Apt. #, etc.
5606
City & State
PENSACOLA FL
Zip
32514 Country
USA

REINSTATEMENT 08-09
CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida 3/16/93

5. FEI Number
593499585 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
CLIFFORD KILLINGSWORTH

Street Address (P.O. Box Number is Not Acceptable)
8844 SCENA HWY

Suite, Apt. #, Etc.

City
PENSACOLA State
FL Zip Code
32514

☒ 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 CF KILL Date 08-06-2009
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
P	CLIFFORD KILLINGSWORTH	8844 SCENA HWY	PENSACOLA FL 32514

200161503672
10/08/09--01025--015 **300.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CF KILL 08-06-2009 850 266
2032