

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 MAY -9 PM 2:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P980000024524

1. Corporation Name

ENVIRONMENTAL CONSTRUCTORS INC

2. Principal Office Address

4141 PINEFOREST RD

Suite, Apt. #, etc.

3. Mailing Office Address

4141 PINEFOREST RD

Suite, Apt. #, etc.

City & State

CANTONMENT, FL

Zip

32533

Country

USA

City & State

CANTONMENT, FL

Zip

32533

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

3/16/1998

5. FEI Number

593499585

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 02-03

7. Name and Address of Current Registered Agent

Name

CLIFFORD KILLINGSWORTH

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

2250 W NINE MILE RD

Suite, Apt. #, Etc.

City

CANTONMENT

State

FL

Zip Code

32533

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

C. F. Killingsworth

REGISTERED AGENT MUST SIGN

Date

4/30/03

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
<u>P</u>	<u>CLIFF KILLINGSWORTH</u>	<u>4141 PINEFOREST RD</u>	<u>CANTONMENT FL 32533</u>
<u>V</u>	<u>WALTER KILLINGSWORTH</u>	<u>4141 PINE FOREST RD</u>	<u>CANTONMENT FL 32533</u>

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:

C. F. Killingsworth

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/30/03

Daytime Phone #

888 310 8837

CR2E081 (10/02)