APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 JUN 19 AM 10:02
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P98000028028
Corporation Name
VATRA ENVIRONMENT, INC.

REINSTATEMENT 9918

Principal Place of Business	Mailing Address
2525 Eagle Run DR Weston, Fl 33327	Same

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

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

4. Date Incorporated or Qualified To Do Business in Florida: 03/23/1998

5. FEI Number: 65-1013376 — Applied For — Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ — $8.75 Additional Fee required for a Certificate of Status

Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
President. Monica Grijalba	2525 Eagle Run DR.	Weston, Fl 33327
Secretary Registered agent Julio Makarem Director & Executive Vice President.	2525 Eagle Run DR.	Weston, Fl 33327
Director: Ricardo Valbuena	2525 Eagle Run Dr.	Weston, Fl 33327

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****900.00 ****900.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
Gregory A. Martin 100 N. Biscayne Blvd Suite 601 Miami, Fl 33132	Name: Julio Makarem Street Address (P.O. Box Number is Not Acceptable): 2525 Eagle Run DR. Suite, Apt. #, Etc.: City: Weston, Fl — State: FL — Zip Code: 33327

CR2E040 (12/96)

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: 04-20-2000

Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

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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: 04/20/2000

Daytime Phone #: (954) 494-8993