

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 NOV -9 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000016833

1. Entity Name

ENVIROCLEANSE SYSTEMS, INC.



Principal Place of Business

5150 PALM VALLEY ROAD
SUITE 206
PONTE VEDRA BEACH, FL 32082 US

Mailing Address

P.O. BOX 3414
PONTE VEDRA BEACH, FL 32004

2. Principal Place of Business - No P.O. Box #

6653 Powers Ave

Suite, Apt. #, etc.

Suite 4

3. Mailing Address

7835 Royal Crest Dr.

Suite, Apt. #, etc.

City & State

Jacksonville

City & State

Jacksonville FL

Zip

32217

Country

USA

Zip

32256

Country

USA

11052007

REIN-P

CR2E098 (1/07)

4. FEI Number

59-3632395

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CASSIDY, ANDREW B
5150 PALM VALLEY ROAD
SUITE 206
PONTE VEDRA BEACH, FL 32082

7. Name and Address of New Registered Agent

Name

Roberta L. Drew

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

7835 Royal Crest Drive

City

Jacksonville

FL

Zip Code

32256

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

11-8-07

FILE NOW!!! FEE IS \$150.00

After January 1, 2008, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PCEO
NAME CASSIDY, ANDREW B MR ☒ Delete
STREET ADDRESS 26101 MARSH LANDING PKWY
CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082

TITLE STVP
NAME NEELY, HENRY H MR ☒ Delete
STREET ADDRESS 125 LAGOON FOREST DRIVE
CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082

TITLE D
NAME LATZER, KENN MR. ☒ Delete
STREET ADDRESS 322 ROLLING HILLS ROAD
CITY-ST-ZIP MOORESVILLE, NC 28115

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PCEO ☐ Change ☒ Addition
NAME Roberta L. Drew
STREET ADDRESS 7835 Royal Crest Drive
CITY-ST-ZIP Jacksonville, FL 32256

TITLE STVP ☐ Change ☒ Addition
NAME John Drew, IV
STREET ADDRESS 7835 Royal Crest Drive
CITY-ST-ZIP Jacksonville, FL 32256

TITLE ☐ Change ☐ Addition
NAME 100112179151
STREET ADDRESS 11/09/07--01054--012 **150.00
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-8-07

Date

904-374-9904

Daytime Phone #