

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000032356

1. Corporation Name

Enviro-Ply International, Inc.

2. Principal Office Address

1237 Lady Marion Lane

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Dunedin, Florida

City & State

Zip

34698

Country

U.S.A.

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

04/05/1999

5. FEI Number

59-3583552

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

FILED
01 JUN 25 PM 4:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-07/17/01--01098--005
****900.00 ****900.00

7. Name and Address of Current Registered Agent

Name

Buddy D. Ford

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

115 North MacDill Avenue

Suite, Apt. #, Etc.

City

Tampa

State
FL

Zip Code

33609

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**

Date 4/19/01

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/D	Warren Lehan	940 Douglas Avenue	Dunedin, Fl. 34698
S/D	John Watkins	1729 George Jenkins Blvd.	Lakeland, Fl. 33815
T/D	Jim Appelt	1811 N. Belcher Rd. I-2	Clearwater, Fl. 33765
V/D	Ron Upchurch	2469 Tradewinds	Dunedin, Fl. 34698
D	Frederick Bodell	1460 Windmoor Dr.	Dunedin, Fl. 34698

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Warren Lehan

04/19/01

Date

Daytime Phone #

CR2E081 (9/99)