

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

FILED

01 MAR 19 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000035801

1. Corporation Name

ENVIRO-PRODUCTS AND SERVICES, INC.

Principal Place of Business

Mailing Address

~~688 NETTLES BLVD.~~
JENSEN BEACH FL 34957

P.O. BOX 6141
JENSEN BEACH FL 34957-0141

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

04/19/1999

994 Nettles Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

Jensen Beach, FL

City & State

65-0913099

Not Applicable

Zip

Country

34957

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City, State, Zip 4
D	SCHWARZEL, MARIANNE	16 ROCKWOOD STREET	WALPOLE MA 02081
D	DLUGOSZ, DAWN	173 INWOOD BLVD.	AVON LAKE OH 33012
T/D	Panciocco, Marianne	16 Rockwood St.	Walpole, MA 02081
P/D	Dlugosz, Dawn	314 Bayview Dr.	Avon Lake, OH 33012

8. Name and Address of Current Registered Agent

PANCIOCCO, MARION L
693 NETTLES BLVD.
JENSEN BEACH FL 34957

9. Name and Address of New Registered Agent

Name Marion L. Panciocco		
Street Address (P.O. Box Number is Not Acceptable) 994 Nettles Blvd.		
Suite, Apt. #, Etc.		
City Jensen Beach	State FL	Zip Code 34957

10. 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

Marion L. Panciocco
REGISTERED AGENT MUST SIGN

Date 2-20-01

11. 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:

Marianne Panciocco
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/01
Date

588-660-7783
Daytime Phone #

CR2E040 (800)