

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P99000089611

1. Corporation Name

ENVIRO SOLVE, INC.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Office Address

17558 FAIRMEADOW DR

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

TAMPA, FLORIDA

City & State

Zip

Country

33647

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10-11-1999

5. FEI Number

59-3615483

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JOHN T. KEISER

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

17558 FAIRMEADOW DR.

200004563832-5

-08/30/01--01035-016

Suite, Apt. #, Etc.

****308.75 ****308.75

City

TAMPA

State

FL

Zip Code

33647

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 8-23-01

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/S	RAMANATHAN K. IYER	502 SUGAR CREEK DR	PLANT CITY, FL 33567
V/T	JOHN T. KEISER	17558 FAIRMEADOW DR	TAMPA, FL 33647

REINSTATEMENT

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)(f), 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:

Ramanathan K. Iyer, RAMANATHAN K. IYER 08-23-2001 (813) 659-1919

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

Date

Daytime Phone #