PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 DEC 17 PM 3:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S94823

1. Corporation Name
ENVIRO CHECK, INC.

Principal Place of Business
37 N. ORANGE AVENUE
Suite 600
ORLANDO, FLORIDA 32801

Mailing Address
SAME

REINSTATEMENT

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

2. New Principal Office Address, If Applicable
N/A

Suite, Apt. #, etc.
N/A

City & State
N/A

Zip / Country
N/A

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida
11/18/91

5. FEI Number
59-3093361

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X]

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

1 Title(s)	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
D, P	KUHN, CAMERON	37 N. ORANGE AVENUE Ste. 600	ORLANDO, FL 32801

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****758.75 ****758.75
LS

8. Name and Address of Current Registered Agent

KUHN, CAMERON
37 NORTH ORANGE AVENUE
SUITE 600
ORLANDO, FL 32801

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City / State / Zip Code
FL

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 _____ Date December 16, 1999
REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes [X] No [ ]
(See other side for information on intangible tax.)

12. 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: _____ 12/15/99 (407) 481-2245
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR — Date — Daytime Phone #
CAMERON KUHN, AS PRESIDENT