PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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, 22,102 112,10	THE INSTITUTION OF STILL	-
CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 05 FEB 18 FM 1: 04
DOCUMENT # p33298 1. Corporation Name		SECRETARY OF STATE TALLAMASSEE, FLORIDA
Environmental Fede	retten of Amera, Incorpor	
2. Principal Office Address 1735 OU Georgetain R	3. Mailing Office Address	500046650195 02/15/0501001019 **420.00
Suite, Apt. #, etc. 900	Suite, Apt. #, etc.	4. Date Incorporated or Qualified 2/2.10.1
City & State Red de MD	City & State	To Do Business in Florida 3/22/9/ 5. FEI Number Applied For
Zip Country 2014 USA	Zip Country	52-/60/960 Not Applicable 6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee requires
7. Name and Address of Current Registered Agent		
Street Address (P.O. Box Number is Not Acceptable) 326-9		
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 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 Director	Street Address of Eac Officer and/or Directo	h r City / State / Zip
		15 16 91-25
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 filling 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: AND 240-333-0300<		
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 16		
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone # 16 T. Lewis		

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