PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 15 AM 8:51

DOCUMENT # 621978

1. Corporation Name

AMERICAN HERMETICS OF LOUISIANA, INC.

Principal Place of Business	Mailing Address
5616 SALMEN ST. C/O GEORGE HERMETICS. INC. HARAHAN LA 70123 US	5616 SALMEN ST. C/O GEORGE HERMETICS. INC. HARAHAN LA 70123 US

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
5616 Salmen St	5616 Salmen St
Suite, Apt. #, etc.: A	Suite, Apt. #, etc.: A
City & State: Harahan, LA	City & State: HARAHAN, LA
Zip: 70123 Country: USA	Zip: 70123 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 05/16/1979

5. FEI Number: 59-1914497 — Applied For ☐ Not Applicable ☐

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	DUBROCA, JAMES T JR	5616 SALMEN STREET	HARAHAN LA
V	CORDES, WARREN T. JR.	5616 SALMEN STREET	HARAHAN LA
STD	DUBROCA, JUDY ANN	5616 SALMEN STREET	HARAHAN LA

600004653336--4
-10/25/01--01056--016
****150.00 ****150.00

8. Name and Address of Current Registered Agent

CT CORP SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State: FL | Zip Code

CR2E040 (8/01)

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: SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

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: SIGNATURE REQUIRED James Dubroca 10/6/01 504 733-5381
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

AMERICAN
HERMETICS OF LOUISIANA, INC.
5616 SALMEN STREET, SUITE A
HARAHAN, LA 70123
(504) 733-5381 • FAX: (504) 733-5382

This is the first notice we received for the annual report. Our address has been change to Suite A. The post office will not deliver our mail with out a Suite # on it

Thanks
J. DeRosa

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HERMETICS OF LOUISIANA, INC.
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HARAHAN, LA 70123
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ADDRESS CHANGE

AMERICAN HERMETICS OF LOUISIANA, INC.

5616 SALMEN STREET
SUITE A
HARAHAN, LA 70123

THE POST OFFICE WILL NOT DELIVER OUR MAIL
WITHOUT A SUITE # ON IT

THANKS
JIMMY DUBROCA