

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

06 MAR 28 AM 9:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F00000001137

1. Corporation Name

Hempel Coatings (USA), Inc.

REINSTATEMENT

04-06 ISC
04-06

CR2E081 (12/05)

2. Principal Office Address

600 Conroe Park N. Dr.

Suite, Apt. #, etc.

City & State

Conroe, TX

Zip

77303

Country

USA

3. Mailing Office Address

600 Conroe Park N. Dr.

Suite, Apt. #, etc.

City & State

Conroe, TX

Zip

77303

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

3/1/2000

5. FEI Number

76-0625485

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

CT Corporation System

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

1200 South Pine Island Rd.

Suite, Apt. #, Etc.

City

Plantation

State
FL

Zip Code

33324

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

E. A. Wallace

E. A. Wallace
Assistant Secretary

Date 1/27/2006

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 Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres & Dir	Lars Johansen	27 Player Green Pl.	The Woodlands, TX-77380

200069642722
04/06/06--01049--014 **1050.00

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 contained in Chapter 119, 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: Lars Johansen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/06
Date

936-523-6011
Daytime Phone #