


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 97 NOV 19 PM 2:33
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **F93000003026**

1. Corporation Name
ICI ACRYLICS INC.

Principal Place of Business AMERICAS OPERATIONS & RESEARCH CENTER 7275 GOODLETTS FARM PARKWAY CORDOVA TN 38018 US	Mailing Address ICI ACRYLICS INC. 10825 WATSON ROAD- SECOND FLOOR ST. LOUIS MO 63127
--	--

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



2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country	3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country
--	--

4. Date Incorporated or Qualified To Do Business in Florida 06/30/1993	
5. FEI Number 43-0625543	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
CCO	MCMILLAN, ROSS H	2005 FITE RD 7275 GOODLETT FARMS PKWY	MEMPHIS TN CORDOVA, TN 38018
S	CURRAN, BARBARA S	CONCORD PIKE & NEW MURPHY ROAD	WILMINGTON DE 19897
V	VEERMAN, ANNIE S	2005 FITE RD 7275 GOODLETT FARMS PKWY	MEMPHIS TN CORDOVA, TN 38018
ATC	GANEY, RICHARD G.	10145 MORGAN RIDGE DR 7275 GOODLETT FARMS PKWY	AFFTON MO CORDOVA, TN 38018
T	SCHUEFTAN, NORMAN BLACK, THOMAS W.	CONCORD PIKE & NEW MURPHY ROAD	WILMINGTON DE 19897

REINSTATEMENT 97 SL 11-19-97

8. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

Signature of Registered Agent: *Connie Bryan*
CONNIE BRYAN
 SPECIAL ASSISTANT SECRETARY
 REGISTERED AGENT MUST SIGN

9. Name and Address of New Registered Agent

Name: _____
 Street Address (P.O. Box Number Is Not Acceptable): _____
 Suite, Apt. #, Etc.: **900002353339-2**
 City: _____ State: **FL** Zip Code: **33105-024**
 Phone: **750.750.00**

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.
 Date: **11/19/97**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes 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: *Richard G. Ganey* Date: **10-28-97** Daytime Phone #: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E040 (8/97)