

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 OCT 25 AM 10:31

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **F94000003300**

1. Corporation Name  
**Haas Chemical Co., Inc.**

Principal Place of Business Mailing Address  
**7707 NE 22<sup>nd</sup> St. P.O. Box 1789**  
**Melrose, Fl. 32666 Melrose, FL.**  
**32666**

**REINSTATEMENT 95-99**

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>630778795</b>	
City & State		City & State		<input type="checkbox"/> APPLICABLE <input type="checkbox"/> NOT APPLICABLE	
Zip	Country	Zip	Country	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
Pres.	George A. Haas, Jr.	7707 NE 22 <sup>nd</sup> St.	Melrose, FL 32666
Sec/Treas	Bonnie S. Haas	7707 NE 22 <sup>nd</sup> St.	Melrose, FL 32666

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
George A. Haas, Jr. 7707 NE 22 <sup>nd</sup> St. Melrose, FL 32666		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State <b>FL</b>

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]* Date: \_\_\_\_\_  
 REGISTERED AGENT MUST SIGN

11. This corporation owes 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)(j), 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: Bonnie Haas Bonnie Haas 10-20-99 352-475-2393  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (12/98)