

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 APR 12 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000077704

1. Corporation Name

CHEMICORP, INC.

2. Principal Office Address

9260 SW 72ND STREET

Suite, Apt. #, etc.

SUITE 206

City & State

MIAMI, FLORIDA

Zip

33173

Country

U.S.A.

3. Mailing Office Address

9260 SW 72ND STREET

Suite, Apt. #, etc.

SUITE 206

City & State

MIAMI, FLORIDA

Zip

33173

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

09/05/1997

5. FEI Number

65-0786513

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

ALBERTO BAROUH

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

9260 SW 72ND STREET

Suite, Apt. #, Etc.

SUITE 206

City

MIAMI,

State
FL

Zip Code
33173

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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

[Handwritten Signature]
REGISTERED AGENT MUST SIGN

Date **04/05/00**

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
P/T/S.	YAFFAR, ALDO E.	1205 CORDOVA STREET	CORAL GABLES, FL 33134

REINSTATEMENT 99-07-1 TS

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 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:

[Handwritten Signature]
ALDO E. YAFFAR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/08/00
Date

(305) 412-4141
Daytime Phone #

CR2E081 (9/99)