

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 252387

1. Corporation Name

SOUTHERN OIL RESIN & FIBERGLASS INC

Principal Place of Business

7500 GRACE DRIVE
COLUMBIA MD 21044

Mailing Address

7500 GRACE DRIVE
COLUMBIA MD 21044

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

FILED

01 NOV -6 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 2001

4. Date Incorporated or Qualified
To Do Business in Florida

10/20/1961

5. FEI Number

23-0882523

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	MCGOWAN, W. BRIAN	7500 GRACE DR.	COLUMBIA MD 21044
DVP	NEGY, AKOS L	7500 GRACE DR	COLUMBIA MD 21044
D	NORRIS, PAUL J	7500 GRACE DR	COLUMBIA MD 21044
VPT	TAROLA, ROBERT M	7500 GRACE DR.	COLUMBIA MD 21044
AT	FILON, ELYSE NAPOLI David Nakashige	5400 BROKEN SOUTH BLVD. NW	BOCA RATON FL 33487
S	SHELMITZ, MARK A- Shelnitz, Mark	7500 GRACE DR	COLUMBIA MD 21044

8. Name and Address of Current Registered Agent

DEWEIN, GEORGE
8700 NW 36TH AVE
MIAMI FL 33147

9. Name and Address of New Registered Agent

Name

Corporation Service Company

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

1201 Hays Street 100004698661--7

Suite, Apt. #, Etc.

-11/29/01--01058--020

****750.00 ****750.00

City

Tallahassee

State

FL

Zip Code

32301

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

BRIAN COURTNEY
BRIAN COURTNEY, ASST. V.P.

REGISTERED AGENT MUST SIGN

Date 11-5-01

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-29-01

Date

410-531-4000

Daytime Phone #

CR2E040 (9/01)