

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 DEC 18 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 473623

1. Corporation Name

Interbel Trading, Inc.

2. Principal Office Address

One American Lane

Suite, Apt. #, etc.

3. Mailing Office Address

One American Lane

Suite, Apt. #, etc.

City & State

Greenwich CT

Zip

06831

Country

USA

City & State

Greenwich CT

Zip

06831

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

4/4/1975

5. FEI Number

59-1684690

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 96-01

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 Hays St

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

Lynette Coleman

Lynette Coleman
as its agent

Date

12/18/2001

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
D	Peter Baana	25 Laurel Lake East	Weston CT 06883
D/P	John T. Ferguson II	338 Redding Road	Fairfield CT 06430
T	John R. Jepsen	11 Tobacco Road	Weston CT 06883
S	Arthur C. Fullerton	11 Locust	Stamford CT
			200004730952--S

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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/14/01
Date

203-552-2000
Daytime Phone #

Crompton Corporation

POWER OF ATTORNEY AND DECLARATION OF REPRESENTATIVE

Part I Power of Attorney

Taxpayer Information

Crompton Corporation and Subsidiaries
Federal EIN 52-2183153
One American Lane
Greenwich, CT 06831-2559

Hereby appoints the following representatives as attorneys-in-fact:

Representatives

Donald Ferencz, Grace Violone, Joseph Ballerini, Esther Giordano, Edmund Kryspin, and Joseph Kapustynski
to represent the taxpayer for the following tax matters:

Tax Matters

Tax matters in any and all jurisdictions for all open tax years and periods, including state, federal, and municipal taxing authorities pertaining to property tax, sales tax, business and occupation tax, excise tax, employment tax (including such taxes as federal and state withholding, social security, medicare and unemployment contributions), income tax, franchise tax, annual reports, business licenses, and certificates of authority applicable to the taxpayer or any of its subsidiary corporations.

Acts Authorized

The representatives are authorized to receive and inspect confidential tax information and to perform any and all acts we can perform with respect to the tax matters described above, for example, the authority to sign any reports, tax filings, tax returns, agreements, consents, waivers, or other documents, etc.

Signature of Taxpayer

I authorize the above-named representatives to sign on behalf of Crompton Corporation, or any of its subsidiary corporations for tax matters, as specified above. I certify that I have the authority to execute this form on behalf of the taxpayer and its subsidiary corporations.

John R. Gagnier

10/16/01
Date

Treasurer
Title

Part II Declaration of Representative

Under penalties of perjury, I declare that I am authorized to represent the taxpayer identified in Part I for the tax matters specified above, and I am one of the following:

- a Attorney—a member in good standing of the bar of the highest court of the jurisdiction shown below.
- b Certified Public Accountant—duly qualified to practice as a certified public accountant in the jurisdiction shown below.
- c Full-Time Employee—a full time employee of the taxpayer.

Designation	Jurisdiction	Signature	Date
a	NY/CT	Donald Ferencz	10/3/01
b	NY	Grace D. Violone	10/3/01
c		Joseph Kapustynski	10/3/01
C		Esther Giordano	10/4/01
b	CT	Edmund Kryspin	10/4/01
A	NY	Joseph M. Ballerini	10/4/01



383

ACCOUNT NO. : 072100000032
REFERENCE : 397358 7109162
AUTHORIZATION :
COST LIMIT : \$ 1500.00 *Patricia Poynt*

ORDER DATE : December 17, 2001

ORDER TIME : 2:56 PM

ORDER NO. : 397358-005

CUSTOMER NO: 7109162

CUSTOMER: Ms. Mara Thompson
Crompton Corporation
Legal Department
One American Lane
Greenwich, CT 06831-2559

DOMESTIC FILINGS

NAME: INTERBEL TRADING, INC.

RECEIVED
01 DEC 18 PM 4:48
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson
EXAMINER'S INITIALS _____