

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 JUN 17 PM 1:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 485119

**1. Corporation Name**

CHEMEX, Inc.

**2. Principal Office Address**

10146 Montague Street

**3. Mailing Office Address**

10146 Montague Street

**Suite, Apt. #, etc.**

C/O H. A. Gorda

**Suite, Apt. #, etc.**

C/O H. A. Gorda

**City & State**

Tampa, FL

**City & State**

Tampa, FL

**Zip**

33626

**Country**

**Zip**

33626

**Country**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

09/26/1975

**5. FEI Number**

59-1631468

**Applied For**

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☒**

\$37.50 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

**Name**

H. A. Gorda

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

10146 Montague Street

**Suite, Apt. #, Etc.**

**City**

Tampa, FL

**State**

FL

**Zip Code**

33626

**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

REGISTERED AGENT MUST SIGN

Date 06/09/2003

**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
PTD	H. A. Gorda	10146 Montague Street	Tampa, FL 33626
VPSD	D. S. Gorda	10146 Montague Street	Tampa, FL 33626

**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 H. A. Gorda President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/09/03

Date

813-873-7777

Daytime Phone #

CR2E081 (10/02)

Chemex, Inc.  
C/O H. A. Gorda  
10146 Montague Street  
Tampa, Florida 33626

June 9, 2003

Division of Corporations  
Annual Report/Reinstatement Section  
P. O. Box 6327  
Tallahassee, FL. 32314-6327

To Whom it may concern:


On May 22, 2003 I contacted your office and discussed my situation with Ms. E. Peterson. During the year 2002 I relocated my residence and office. Unfortunately there were problems that occurred during the move. Three boxes of files from my office disappeared and I have never been able to find them. Additionally, even though I filed a change of address with the proper Post Office a lot of mail sent to me never showed up.

Ms. Peterson was kind enough to check your files and found that mail from your office had indeed been returned instead of being forwarded by the Post Office.

Since there appeared to be some kinks in the system She advised me would forward me another form for reinstatement. Upon receipt it was to be filled out and returned with a check for \$310.00 along with a letter addressed To whom it may Concern. I am also sending an additional \$8.75 for a status certificate.

My thanks to MS. Peterson and your entire group for the courtesy and co-operation afforded me in this matter. Hopefully Chemex, Inc will once again show as an active Corporation

Chemex, Inc.

  
H. A. Gorda  
President

