PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE APPLICATION Sandra B. Mortham **FOR** Secretary of State REINSTATEMENT 99 AUG 03 PH 12: 36 DIVISION OF CORPORATIONS **DOCUMENT #** SECRETARY OF STATE TALLANIASSIE, FLORIDA 1. Corporation Name Surmark Industries, Inc. Principal Place of Business 1801 MARKET STREET SAme 177 Floor REINSTATEMENT Phila. PA 19103 If above addresses are incorrect in any way, line through incorrect information and enter correction below. Date Incorporated or Qualified
 To Do Business in Florida 04-02-76 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. Suite, Apt. #, etc 5. FEI Number Applied For City & State City & State Not Applicable \$8.75 Additional Fee required for a Certificate of Status Counto Country 7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director
(Do NOT Use Post Office Box Numbers) City / State / Zip 1801 MARKET St., 17th Floor Phila., PA 19103 fres. E. C. GERNLR JA. Fritsch 300002956383--7 -08/10/89--01089--019 TREAS J.J. McKeever ***1050.00 ***1050.00 E.C. GERNER 300002956383 J. A. Fritsch -08/10/99--01089--020 ****150**\.0**0 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent C.T. Corporation System
1200 South Pine Island Road Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc Plantation, FL 33324 City State Zip Code 10. I, being appointed the registered agent of the above named corporation. Em familiar with and accept the obligations of Section 607.0505, F.S. COMINE BRYAN SPECIAL ASSISTANT SECRETARY Signature of Registered Agent 8/4/99 11. This corporation owes or has paid the current year (See other side for information on intangible (ax.) Intangible Personal Property tax due June 30. 12. Feetify 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. Elac C. Gerven 6-11-99