

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 DEC 31 PM 12:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 856286

1. Corporation Name

Burris Chemical, Inc.

Principal Place of Business

Mailing Address

REINSTATEMENT 1995
mwb
1-2-97

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

4210 Azalea Drive
Suite, Apt. #, etc.

3. New Mailing Address, If Applicable

Post Office Box 70788
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

4-28-83

5. FEI Number

57-0383381

Applied For

Not Applicable

City & State

Charleston, South Carolina

City & State

Charleston, South Carolina

Zip

29405

Country

Zip

29415

Country

CERTIFICATE OF STATUS DESIRED ☐

\$875 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
P/COO	Leo A. Fary, Jr.	4210 Azalea Drive	Charleston, SC 29405
Chairman & CEO/D	A. A. Burris, III	4210 Azalea Drive	Charleston, SC 29405
D/Vice Chairman	M. Bruce Burris	4210 Azalea Drive	Charleston, SC 29405
CFO	Robert J. Boselowitz, Jr.	4210 Azalea Drive	Charleston, SC 29405
Director	Lynn Burris	4210 Azalea Drive	Charleston, SC 29405
Director	Steven Y. Burris	4210 Azalea Drive	Charleston, SC 29405

8. Name and Address of Current Registered Agent

800002049088--6
-01/07/97--01144--006
***575.00 ***575.00

9. Name and Address of New Registered Agent

Name
Corporation Service Company
Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street
Suite, Apt. #, Etc.
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

Leo A. Fary, Jr. CSC Agent
REGISTERED AGENT MUST SIGN

Date 12-27-96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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

Leo A. Fary, Jr., President 12-30-96 800-763-5056 ext. 226

Date

Daytime Phone #

CR2E40 (12/95)