

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

*** APPLICATION FOR REINSTATEMENT**

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

APPROVED
AND
FILED

DOCUMENT # **268428**

1. Corporation Name

Maag Agrochemicals, Inc.

REINSTATEMENT

95-98

98 APR -1 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

410 Swing Road
Greensboro, NC 27409

Mailing Address

P.O. Box 18300
Greensboro, NC 27419

100002474961--5

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11/14/83	
City & State		City & State		5. FEI Number	
Zip		Zip		36-3099304	
Country		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PD	M.G. Maggio	410 Swing Road	Greensboro, NC 27409
VTD	L. Drewing	410 Swing Road	Greensboro, NC 27409
S	A. Fitzgerald	410 Swing Road	Greensboro, NC 27409
AS	M. Clayton	410 Swing Road	Greensboro, NC 27409

8. Name and Address of Current Registered Agent

Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State FL	Zip Code

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

Karen B. Rozar

REGISTERED AGENT MUST SIGN **Karen B. Rozar, As Its Agent**

Date **4-1-98**

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 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:

Melvin L. Carter

Assistant Secretary

3/24/98

(336) 632-2228

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (1-2-96)



THE UNITED STATES
CORPORATION
COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 763357 4379211

AUTHORIZATION :

Patricia Pignatelli

COST LIMIT : \$ ~~500.00~~ 1200.00

ORDER DATE : March 31, 1998

ORDER TIME : 10:03 AM

ORDER NO. : 763357-010

CUSTOMER NO: 4379211

CUSTOMER: Ms. Millie L. Clayton
NOVARTIS CROP PROTECTION, INC.

410 Swing Road

Greensboro, NC 27419

REINSTATEMENT

NAME: MAAG AROCHEMICALS, INC.

EFFECTIVE DATE:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Stacy L Earnest

EXAMINER'S INITIALS:

Stacy
4/1/98

93 APR -1 AM 10:41
DIVISION OF CORPORATION