### PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

*APPLICATION
FÔŔ
REINSTATEMENT



# FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

Secretary of State

DIVISION OF CORPORATIONS

## DOCUMENT # **F02000004289**

1. Corporation Name

### ATC CHEMICAL CORPORATION

Principal Place of Business

Mailing Address

1051 CLINTON STREET

Signature of Registered Agent 1201 HAYS STREET TALLAHASSEE FL 3230 PILED-04-FEB-26 PH 1: 37 SEGRETARY OF STATE TALLAHASSEE: FLORIDA

BUFFALO NY 14206		TALLAHASSEE FL 32301						
				H.	MICH	<b>SELACIA</b> 1	7771	
If above a	ddresses are incorrect in any way, line thr	ough incorrect in	formation and enter	correction below.			05,04	
	ncipal Office Address, If Applicable		ling Office Address, If Applicable		Date Incorporated or Qualified			
					To Do Business in Florida 08/22/2002			
Suite, Apt. #	#, etc.	Suite, Apt. #, etc. 555, Boul. Poirier						
City & State	)	City & State			16-1418704 Not Applicable			
		MAGOG, Quebec						
Zip	Country	JIX 7LI CAMADA			CERTIFICATE OF STATUS DESIRED   S8.75 Additional Fee required for a Certificate of Status			
7. Names a	and Street Addresses of Each Officer and	or Director (Flor	ida nonprofit corpora	tions must list at lea	ast 3 directors)			
Title(s)	Name of Officers	Street Address of Each			Cib. / Ctote / Zip			
1	2 and/or Directors		3 Officer and/or Director			4		
PDST	JOHANNSEN, THOMAS J. 1051 CLINTON S			TREET	BUFFALO NY 14206			
PDST	CRIPPS DAYD	P	555 R	UL. Pol	RIGO	Macae	1116.866	
1 04/	CIERTS, BATE		323 23	02. 70.	121616	17709,	C 40/404	
~			LIGER ST CATUCAL		RIER MAGOG, QUEBEC CANADA			
<u>7</u>	GUBAHY, JOHN		4269 ST. CATHERIH			MONTREAL, OVEREE		
							PRATIES .	
							n//-	
						000294	74630	
8. Name and Address of Current Registered Agent Name					9. Name and	Address of New Regis	itered Agent	
CORPORATION SERVICE COMPANY				- Street Address (P.O. Box Number is Not Acceptable)				
1201 HAYS STREET				- Street Address (1.65. Box Humber is Not Acceptable)				
TALLAHASSEE FL 32301-2525				Suite, Apt. #, Etc.				
				City			State Zip Code	
	appointed the registered agent of the abo		ration on familiar w	ith and pagent the s	bligations of Soct	ion 607 0505 E.S. or 61	<del></del>	

11. 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 filling 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.

REGISTERED AGENT MUST SIGN

Cynthia L. Harris

as its agent

SIGNATURE: SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT Date Daytime Phone #





ACCOUNT NO. : 072100000032

REFERENCE: 461192 7350495

AUTHORIZATION :

COST LIMIT

ORDER DATE: February 26, 2004

ORDER TIME : 1:16 PM

ORDER NO. : 461192-005

CUSTOMER NO: 7350495

CUSTOMER: Thomas J. Johannsen

Atc Chemical Corporation

830 Harrington Court

Burlington, ON L7N 3N4

#### DOMESTIC FILINGS

NAME:

ATC CHEMICAL CORPORATION

Please give original date.

XX\_\_\_ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret

EXAMINER'S INITIALS \_\_\_\_\_