

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F02000004715

1. Corporation Name

ARDEX LABORATORIES, INC.

Principal Place of Business

Mailing Address

2050 BYBERRY ROAD  
PHILADELPHIA PA 19116

2050 BYBERRY ROAD  
PHILADELPHIA PA 19116

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/16/2002

5. FEI Number

23-1669343

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
CP	GOLDMAN, FRED	6911 497 LEAH DRIVE West Charleston Circle	FT. WASHINGTON PA 19034 BRADENTON FL 34202
VCS	GOLDMAN, STEVE	72 SHELBOURNE RD.	RICHBORO PA 18954

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

FRED GOLDMAN

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

4155 N. DIXIE HIGHWAY

Suite, Apt. #, Etc.

City

POMPANO BEACH

State

FL

Zip Code

33064

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. or 617.0505, F.S.

Signature of  
Registered Agent

Date

3/22/04

REGISTERED AGENT MUST SIGN

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 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: X

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/4/04

Daytime Phone #

215-698-0500

FILED  
04 MAR 25 PM 3:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
REINSTATEMENT 03-09



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02/16/04--01013--010 \*\*900.00

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