

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F15000004449

1. Corporation Name

Linde North America Inc

2. Principal Office Address - No P.O. Box #
200 Somerset Corporate Blvd

3. Mailing Office Address
200 Somerset Corporate Blvd

Suite, Apt. #, etc.

Suite 7000

Suite, Apt. #, etc.

Suite 7000

City & State

Bridgewater, NJ

City & State

Bridgewater, NJ

Zip

08807

Country

USA

Zip

08807

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

10/07/2015

5. FEIN Number

20-1043281

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

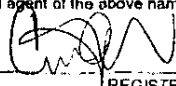
FL

Zip Code

32301-2525

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent



Courtney Williams
Asst. Vice President

Date 11-23-16

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CP	Patrick F. Murphy	200 Somerset Corporate Blvd, Ste 7000	Bridgewater, NJ 08807
D/CFO	Jens Luhring	200 Somerset Corporate Blvd, Ste 7000	Bridgewater, NJ 08807
DS	G. Gregory Schuetz	200 Somerset Corporate Blvd, Ste 7000	Bridgewater, NJ 08807
T	Gabriela Redondo	200 Somerset Corporate Blvd, Ste 7000	Bridgewater, NJ 08807
AT	Donald R. Crisp	200 Somerset Corporate Blvd, Ste 7000	Bridgewater, NJ 08807

REINSTATEMENT
2016

S. HAWKES

10. E-mail Address: john.placca@linde.com

(To be used for future annual report notification)

NOV 23 AM

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in 817.063, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-23-16

Date

Daytime Phone #

EXAMINER

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 380720 4723762

AUTHORIZATION :

COST LIMIT : \$750.00

ORDER DATE : November 23, 2016

ORDER TIME : 3:42 PM

ORDER NO. : 380720-005

CUSTOMER NO: 4723762

REINSTATEMENT

NAME: LINDE NORTH AMERICA INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams

EXAMINER'S INITIALS _____

TO AGENCY
SUFFICIENCY OF FILING

16 NOV 23 PM 4:27

RECEIVED