

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS	FILED 98 JUL 16 PM 12:32 SECRETARY OF STATE TALLAHASSEE, FLORIDA
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DOCUMENT # F44912

1. Corporation Name
NALCO, Inc.

Mailing Address 200 Laura Street P.O. Box 240 Jacksonville, FL 32201-7240	Principal Place of Business 200 Laura Street P.O. Box 240 Jacksonville, FL 32201-7240
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified To Do Business in Florida
 8/24/81

5. FEI Number
 59-2116222

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status.

2. New Mailing Address, if Applicable

3. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip Country

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
P, D	Commander, III, Charles E.	200 Laura Street	Jacksonville, FL 32202

000002594110--5
 -07/21/98-01070--004
 ***300.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

Commander III, Charles E.
 200 Laura Street
 Jacksonville, FL 32201-7240

9. Name and Address of New Registered Agent

Name
 Commander III, Charles E.
 Street Address (P.O. Box Number is Not Acceptable)
 200 Laura Street
 Suite, Apt. #, Etc.

City
 Jacksonville

State
 FL

Zip Code
 32202

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 *Charles E. Commander III* REGISTERED AGENT MUST SIGN Date July 9, 1998

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box (See other side for additional information.)

12. 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.)

13. 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.

Charles E. Commander, III, President

SIGNATURE: *Charles E. Commander III* 7/9/98 (904) 359-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CPRE040 (8-94)