

NOV. 9. 1999 3:07PM REAIFOLEY & LARDNER TIONS BEFORE COMPLETING T... NO. 2204 CRM. P. 2

1

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FAX AUDIT NO. H990000285116

FILED

99 NOV -9 PM 4:45

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # F44912

1. Corporation Name

NALCO, INC.

Principal Place of Business

Mailing Address

200 LAURA STREET P.O. BOX 240 JACKSONVILLE FL 32201-7240

200 LAURA STREET P.O. BOX 240 JACKSONVILLE FL 32201-7240

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

08/24/1981

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2116222

Applied For Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED

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

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Row 1: PD, COMMANDER, CHARLES E III, 200 LAURA STREET, JACKSONVILLE FL 32202

8. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent

COMMANDER III, CHARLES E. 200 LAURA STREET JACKSONVILLE FL 32202

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 607.0605, F.S.

Signature of Registered Agent

Handwritten signature of Charles E. III

REGISTERED AGENT MUST SIGN

Date

11/8/89

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:

Handwritten signature of Charles E. III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/8/89

Date Day-Mo-Year

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NOV. 9. 1999
Division of Corporations

3:07PM

FOLEY & LARDNER

NO. 2204 P. 1
<https://ccfs1.dos.state.fl.us/scripts/eflcovr.cob>

(2)

**Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)922-4004

From:
Account Name : FOLEY & LARDNER
Account Number : 072720000081
Phone : (904)359-2000
Fax Number : (904)359-8700

CORPORATION REINSTATEMENT

NALCO, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$750.00