# Florida Department of State
## Division of Corporations
## Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5360

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

**Email Address:** _____

**CORPORATION REINSTATEMENT**
**TOTAL LUBRICANTS USA, INC.**

| | |
|---|---|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 02 |
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2010 NOV -9 PM 6:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # f93000001286

1. Corporation Name

Total Lubricants USA, Inc.

| 2. Principal Office Address - No P.O. Box # | 3. Mailing Office Address |
|---|---|
| 5 North Stiles Street | 5 North Stiles Street |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Linden, NJ | City & State: Linden, NJ |
| Zip: 07036 Country: USA | Zip: 07036 Country: USA |

CR2E091 (6/10)

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.75 additional fee required

7. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 S Pine Island Rd

Suite, Apt. #, Etc.

City: Plantation State: FL Zip Code: 33324

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: Rebecca Barth Assistant Secretary Rebecca Barth Date: 11/9/2010

REGISTERED AGENT MUST SIGN

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

| Title | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|---|---|---|---|
| CEO | Loic Dereux | 5 North Stiles Street | Linden, NJ 07036 |
| CFO | Robert C. Devenney | 5 North Stiles Street | Linden, NJ 07036 |
| Sec | Robert C. Devenney | 5 North Stiles Street | Linden, NJ 07036 |
| VP | Robert C. Devenney | 5 North Stiles Street | Linden, NJ 07036 |
| | REINSTATEMENT RH | | |

10. E-mail Address: susan.flynn@total.com

(To be used for future annual report notification)

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. 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.

SIGNATURE: Bob Devenney VP 11/2/2010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FLR40 - 04/01/2010 CT System Online