FILED
14 MAY -1 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E081 (11/10)

DOCUMENT # F93000001286

1. Corporation Name
TOTAL Specialties USA, Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1201 Louisiana St.	
Suite, Apt. #, etc.: Suite 1800	Suite, Apt. #, etc.
City & State: Houston, TX	City & State
Zip: 77002 County: USA	Zip County

4. Date Incorporated or Qualified To Do Business In Florida: 4/19/1993

5. FEI Number: 52-1708928 Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED $30.00 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: CT Corporation System

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

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: Connie Bruno Connie Bruno Date: 5/1/2014

REGISTERED AGENT MUST SIGN

9. Name and Street Address 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
Pres CEO	Mark Newstead	1201 Louisiana St. #1800	Houston TX 77002
SVP	Loic Dereux	1201 Louisiana St. #1800	Houston TX 77002
VP Sec/Treasurer	Jean-Luc Courtin	1201 Louisiana St #1800	Houston TX 77002
			MAY 01 2014
	REINSTATEMENT		R. HUNT

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 the attached reinstatement application, the reason for reinstatement 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 that 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 to a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: [signature] 4/29/2014 713.483.5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Mark Newstead President

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Division of Corporations
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CORPORATION REINSTATEMENT
TOTAL SPECIALTIES USA, INC.

Certificate of Status	0
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