F95000000527

Document Number Only

C T CORPORATION SYSTEM
Requestor's Name
1311 Executive Center Drive, Ste. 200
Address
Tallahassee, FL. 32301 (904) 656-0290
City State Zip Phone

CORPORATION(S) NAME

[illegible] Inc

(X) Profit ( ) NonProfit	( ) Amendment	( ) Merger
(X) Foreign	( ) Dissolution/Withdrawal	( ) Mark
( ) Limited Partnership ( ) Reinstatement	( ) Annual Report ( ) Reservation	( ) Other ( ) Change of R.A. ( ) Fictitious Name
( ) Certified Copy	( ) Photo Copies	( ) CUS / G/S
( ) Call When Ready (X) Walk In ( ) Mail Out	( ) Call if Problem (X) Will Wait	( ) After 4:30 ( ) Pick Up

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W.P. Verifier	

1/31/95

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95 JAN 31 PM 3:59
DIVISION OF CORPORATIONS SECRETARY OF STATE

CR2E031 (1-89)

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. PolyPure Inc.
(Name of corporation: the word "INCORPORATED," "COMPANY," or "CORPORATION" or words or abbreviations of like import in language, as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. Delaware
(State or country under the law of which it is incorporated)

3. January 12, 1995
(Date of incorporation)

4. Perpetual
(Duration)

5. 22-3338920
(Federal Employer Identification number, if applicable)

6. January 24, 1995
(Date first transacted business in Florida. See sections 607.1501, 607.1502, and 817.155, F.S.)

7. c/o SNF Holding Company, One Chemical Plant Rd., Riceboro, Georgia 31323
(Current mailing address)

8. Chemical Manufacturer
(Brief description of the nature of the business in which it is engaged in the state of Florida)

9. Names and addresses of officers and or directors:

Street address for all Directors and Officers:
1 Chemical Plant Road, Riceboro, GA 31323

A. Directors:

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: James R. Carlson

Address: c/o SNF Holding Company
P.O. Box 250
Riceboro, GA 31323

Director: _____

Address: _____

B. Officers:

President: Hubert Issanrat
Address: c/o SNF Holding Company, P.O. Box 250
Riceboro, GA 31323

Vice President: Ronald A. LoSasso
Address: c/o SNF Holding Company, P.O. Box 250
Riceboro, GA 31323

James R. Carlson
c/o SNF Holding Company
P.O. Box 250
Riceboro, GA 31323

Secretary: James R. Carlson
Address: c/o SNF Holding Company, P.O. Box 250
Riceboro, GA 31323

Treasurer: James R. Carlson
Address: c/o SNF Holding Company, P.O. Box 250
Riceboro, GA 31323

(If needed, you may attach an addendum to the application listing additional officers and/or directors.)

10. **Name and Street address of Florida registered agent:**

Name: C T CORPORATION SYSTEM
Office Address: c/o C T Corporation System, 1200 South Pine Island Road
Plantation, Florida 33324
Zip Code

11. **Registered agent's acceptance:**

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I futher agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

C T CORPORATION SYSTEM

Registered agent's signature: _____
(Officer)

_____
(Type Name and Title of Officer)

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

13. _____
(Signature of Chairman, Vice Chairman, or any officer listed in number 9 of the application)

14. James R. Carlson Vice President
(Name and capacity of person signing application)

State of Delaware

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "POLYPURE INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SIXTH DAY OF JANUARY, A.D. 1995.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

Edward J. Freel, Secretary of State

24610[illegible] 8300 AUTHENTICATION 7387359

950019606 DATE 01-26-95

F95000000527

STATE OF FLORIDA
OFFICE OF THE COMPTROLLER
APPLICATION FOR REFUND

Section 215.26, Florida Statutes, states in part "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued or else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment to the State treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section ________*, Florida Statutes, I hereby apply for a refund of moneys I paid into the State treasury which are subject to refund. The following information is submitted to substantiate the claim.

Name: POLYPURE INC EIN or SS#: ________

Address: P.O. BOX 250

RICEBORO GA. 31323

Amount: 225.00 Date Paid 7/09/96

Reason for claim: F95000000527 Over payment (2 identical annual reports filed)

Certified true and correct this 15th day of July, 1996.

Signature [signature]

* Must be completed if authority is other than Section 215.26, Florida Statutes.

For Agency Use Only

Agency recommends approval of above claim and submits the following information to substantiate the claim: *Amount of recommended refund $* 225.00

The amount requested above was originally deposited into the State Treasury, as a part of the funds deposited on State Treasurer's Receipt No. 97257/082 *dated* 7/09/96

Name of Account ________

45202130001453000000000010000

Statutory Authority for Collection 607

It is requested that payment be made from the following account:

NAME OF ACCOUNT: ________

45202130001453000000022002000

Certified true and correct this ____ *day of* ________, *19*___.

Department of State, Division of Corporations ________
(Agency) (Authorized Signature and Title)

CR2E060(6/95)

7/15/96