

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

APPROVED AND FILED

1997 MAR 26 PM 1:19

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # F95000005056

1. Corporation Name

SOUTHEASTERN CHEMICAL & SOLVENT CO.

Principal Place of Business

755 INDUSTRIAL ROAD PO BOX 1755 SUMTER SC 29151-1755

Mailing Address

755 INDUSTRIAL ROAD PO BOX 1755 SUMTER SC 29151-1755



600002126326--8

-03/27/97--01102--010

****540.00 ****540.00

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

10/17/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

57-0441524

Applied For:

Not Applicable

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for Certificate of Status

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. Rows include MILLER, JOHN; KULINSKI, CHARLES E; OLIVER, JAMES; CALFEE, JOHN B JR.

REINSTATEMENT

600002126326--8 -03/27/97--01102--011 ****375.00 ****375.00

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324

9. Name and Address of New Registered Agent

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 607.0505, F.S.

Signature of Registered Agent

Mary R. Adams

Asst. Sec.

Date

3-24-96

REGISTERED AGENT MUST SIGN

11. 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.)

12. 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)(c), F.S. The information included on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

John B. Calfie Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John B. Calfie Jr. Treasurer

Date

10/16/96 216 4443251

Daytime Phone #