

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

DOCUMENT # **F95000005056**

02 NOV -6 PM 12: 53

1. Corporation Name

SOUTHEASTERN CHEMICAL & SOLVENT CO.

SECRETARY OF STATE
 900008835629DA
 11/06/02--01123--014 **750.00



REINSTATEMENT 02

Principal Place of Business

755 INDUSTRIAL ROAD
 SUMTER SC 29151-1755

Mailing Address

320D MIDLAND PKWY
 SUMMERVILLE SC 29485

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

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
CEO	PECHOTA, GARY L KINDER, TERRY L.	7311 AIRPORT ROAD 320D MIDLAND PARKWAY	BATH PA 18014 SUMMERVILLE SC 29485
VP	KINDER, TERRY L BURGOS, ANGEL FARAMIN	320D MIDLAND PARKWAY	SUMMERVILLE SC 29485
VP VCFOT	DINIACO, STEVEN M	320D MIDLAND PKWY	SUMMERVILLE SC 29485
S	CULBERT, ANDREW C	320D MIDLAND PKWY	SUMMERVILLE SC 29485
P	FAMILIA, RICHARD	320D MIDLAND PKWY	SUMMERVILLE SC 29485
VP	MACHIMBARRENA, IGNACIO	320D MIDLAND PARKWAY	SUMMERVILLE SC 29485

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	

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of Registered Agent

SIGNATURE JENNIFER BAULTMAN
 REGISTERED AGENT MUST SIGN

Date 11/01/02

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:

SIGNATURE STEVEN M. DINO
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/31/02

843-851-9898
 Daytime Phone #