

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # FA60000002225

1. Corporation Name
Chemreal Corp

2. Principal Office Address
11825 Collier Blvd
Suite, Apt. #, etc.

3. Mailing Office Address
26220 Isle Way
Suite, Apt. #, etc.

City & State
Naples, FL 34116

City & State
Bonita Springs, FL

Zip USA **Country** USA

Zip 34134 **Country** USA

FILED
00 NOV 22 AM 9:46
SECRETARY OF STATE
TALLAHASSEE FLORIDA

4. Date Incorporated or Qualified To Do Business in Florida 4/96 5/96

5. FEI Number 16-0775372 **Applied For** ☐ **Not Applicable** ☒

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

7. Name and Address of Current Registered Agent

Name Brian McAvoy

Street Address (P.O. Box Number is Not Acceptable) 5551 Ridgewood Drive, Suite 405

Suite, Apt. #, Etc.

City Naples, FL 34108

State FL **Zip Code**

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 [Signature] **Date** 11/14/00

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres & Treas	Robert H. Paterson	26220 Isle Way	Bonita Springs, FL 34134
VP & Sec	Kathleen Paterson	26220 Isle Way	Bonita Springs, FL 34134

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10. 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: Robert H. Paterson Pres **Date** 11/17/00 **Daytime Phone #** 941-455-5254

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2082

Chemreal Corporation

2283 County Route 951 • Naples, Florida 34116
941-455-5754 • FAX 941-455-8791

~~RECEIVED NOV 14 2000~~

November 7, 2000

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

TO WHOM IT MAY CONCERN:

The certificate of authority issued to Chemreal Corporation was revoked October 16, 1998. I had no knowledge of this action as the notice was sent to my former address in Rochester, NY. By this time I had moved to Florida and was a resident for over two years. I request the certificate of authority be reinstated. As I had no knowledge of the annual report filing prior to the notice recently received I request that the \$450.00 fee enclosed cover the reinstatement fee.

Very truly yours,
CHEMREAL CORPORATION



Robert H. Paterson
President

Golden Gate BP

