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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
11 APR -5 PM 4:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F97000004777

1. Corporation Name
Rohm Services Corporation

REINSTATEMENT
97-11 B 4/5/11

CR2E081 (6/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
740 EAST AVENUE	740 EAST AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ROCHESTER, NEW YORK	City & State: ROCHESTER, NEW YORK
Zip: 14607 Country: Monroe	Zip: 14607 Country: Monroe

4. Date Incorporated or Qualified To Do Business in Florida: 09/24/1997

5. FEI Number: 16-0984022 ☐ 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: Lorna J. Scharlacken, Esq. C/O Harter, Secrest & Emery LLP

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

Suite, Apt. #, Etc.: Suite 405

City: Naples State: FL Zip Code: 34108

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04/06/11--01001--008 **2700.00

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: See Attach Date: _____
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
Chairman	Robert H. Hurlbut	740 East Avenue	Rochester, NY 14607
Pres, Treas	Robert W. Hurlbut	740 East Avenue	Rochester, NY 14607
VP, Sec	Christine A. Hurlbut	740 East Avenue	Rochester, NY 14607
Director	Robert H. Hurlbut	740 East Avenue	Rochester, NY 14607
Director	Robert W. Hurlbut	740 East Avenue	Rochester, NY 14607
Director	Christine A. Hurlbut	740 East Avenue	Rochester, NY 14607

10. **E-mail Address:** dmart@rohmservices.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 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. I further certify, 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 W. Hurlbut 3/30/2011 585-244-0410
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Page 2 of 2

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Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ROCHESTER, NEW YORK	City & State: ROCHESTER, NEW YORK
Zip: 14607 Country: Monroe	Zip: 14607 Country: Monroe

CR2E081 (6/10)

4. Date Incorporated or Qualified To Do Business in Florida: 09/24/1997

5. FEI Number: 16-0984022 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee Required for Certified Copy

7. Name and Address of Current Registered Agent

Name: Lorna J. Scharlacken,

Street Address (P.O. Box Number is Not Acceptable): 5811 Pelican Bay Boulevard

Suite, Apt. #, Etc.: Suite 600

City: Naples State: FL Zip Code: 34108

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: [signature] Date: 4/5/11

REGISTERED AGENT MUST SIGN

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