

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS



FILED

02 NOV -5 PM 12:37

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # G89914

1. Corporation Name
CHEM POLYMER CORPORATION

Principal Place of Business Mailing Address
 2443 ROCKFILL ROAD 2443 ROCKFILL ROAD
 P O BOX 6927 FT MYERS FL 33916
 FT. MYERS FL 33916 US
 US
 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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03/12/1984	
City & State --		City & State -		5. FEI Number	
Zip		Country		59-2448189	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$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
X VP	LEE, JOHN	2443 ROCKFILL RD	FT. MYERS FL 33916
TD	KROHG, OLAF	2443 ROCKFILL RD	FT. MYERS FL 33916
SD	SANSOM, KEITH G	2443 ROCKFILL RD	FT. MYERS FL 33916
P	BE WOLF, EVAN	2443 ROCKFILL RD	FT MYERS, FL 33916
500008812305 11705/02--01100--024 **150.00			

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
LEE, JOHN C 2443 ROCKFILL RD. FORT MYERS FL 33916		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. or 617.0505, F.S.

Signature of Registered Agent: *[Signature]* **SIGNATURE REQUIRED** Date: 10/28/02
 REGISTERED AGENT MUST SIGN

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]* **SIGNATURE REQUIRED** Date: 10/28/02
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (8/02)



October 28, 2002

**Division of Corporations
Annual Report/Reinstatement Section
P O Box 6327
Tallahassee, FL 32314-6327**

To Whom It May Concern:

We did not receive the 2002 Uniform Business Report (UBR) or any reports prior to the enclosed application for reinstatement. We are an active profit corporation, and request to continue with our active status.

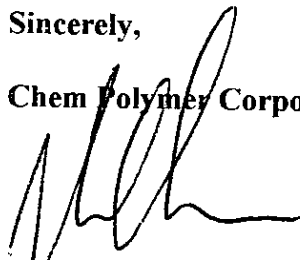
Since we did not receive the Uniform Business Report, I am requesting that you waive the reinstatement fee.

Enclosed, you will find our completed Application for Reinstatement Document #G89914, and our check in the amount of \$150.00

Thank you for your consideration.

Sincerely,

Chem Polymer Corporation



**John C. Lee
Vice President**

**JCL; pmk
ENC:(2)**