

M040000000861

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LIMITED LIABILITY REINSTATEMENT**U.S. PEROXIDE, LLC**

Certificate of Status	0
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Page Count	023
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October 16, 2008

FLORIDA DEPARTMENT OF STATE
Division of Corporations

U.S. PEROXIDE, LLC
3020 GORE ROAD
LONDON, ON N5V 4-T7CA

SUBJECT: U.S. PEROXIDE, LLC
REF: M04000000861

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Pursuant to section 607.1422(1)(b), 617.1422(1)(b), or 608.4482, Florida Statutes, your designated registered agent must acknowledge the designation by signing in the appropriate block of the form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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Agnes Lunt
Regulatory Specialist II

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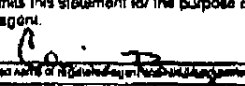
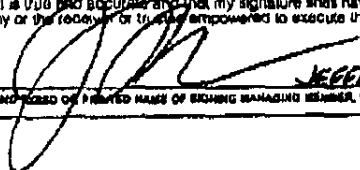
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**2008 LIMITED LIABILITY COMPANY
REINSTATEMENT**

DOCUMENT # M04000000861			
1. Entity Name U.S. PEROXIDE, LLC		Principal Place of Business 500 BISHOP ST NW SUITE C3 ATLANTA, GA 30318 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 3020 GORE ROAD LONDON, ON N5V 4T7 CA	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 87-0715830		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent or both in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		DATE 10/14/08	
FILE NOW!!! FEE IS \$130.75 After January 1, 2009, Fee will be \$277.50		In accordance with s. 607.183(2)(b), F.S., the limited liability company did not receive the prior notice.	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DUGGAN, SCOTT 117 MONARCH BAY DRIVE MONARCH, CA 92629 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY KAPLA, JEFFREY 3020 GORE ROAD LONDON ONT N5V 4T7 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DUGGAN, MONICA 117 MONARCH BAY DRIVE MONARCH, CA 92629 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEVRIES, MARVIN 3020 GORE ROAD LONDON, ON N5V 4T7 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLIAMSON, CHRISTIAN 3020 GORE ROAD LONDON, ON N5V 4T7 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WALKOSAK, THOMAS J 1503 MENLO DRIVE KENNESAW, GA 30152 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.			
SIGNATURE: 		JEFFREY S. KAFKA 15 OCT 2008 519-457-3400	
SIGNATURE AND PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone	

REINSTATEMENT 08 C.2