

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

RECEIVED

10 MAR 31 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY REINSTATEMENT
U.S. PEROXIDE, LLC

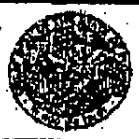
Certificate of Status	1
Certified Copy	0
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**

2010 MAR 31 AM 7:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M04000600861
1. Limited Liability Company's Name
U.S. Peroxide LLC

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box #
3020 GORE ROAD
Suite, Apt. #, etc.

3. Mailing Office Address
Suite, Apt. #, etc.

City & State
LONDON, ONTARIO

City & State

Zip Country
N5V4T7 CANADA

Zip Country

4. State/Country of Formation
ONTARIO, CANADA

5. Date Organized or Qualified To Do Business in Florida
12/12/2003

6. FEI Number
87-0715830
Applied For Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒ \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent
Name **CT Corporation System**
Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road
Suite, Apt. #, Etc.
City **Plantation** State **FL** Zip Code **33324**

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.
Signature of Registered Agent *Mark Brinkman* **Mark Brinkman**
Date **3/30/10**
REGISTERED AGENT MUST SIGN

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	TrojanUV Holdings Corp.	c/o Trojan Technologies 3020 Gore Road	London, Ontario N5V4T7, Canada
MGR	Frank T. McFaden	2099 Pennsylvania Ave. NW 12th floor	Washington, DC 20006
MGR	Robert S. Lutz	2099 Pennsylvania Ave. NW 12th floor	Washington, DC 20006

REINSTATEMENT 09/10
AL

11. E-mail Address: **SKAFKA@TROJANUV.COM**

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.408, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager *James F. O'Reilly* Date **3/26/2010** Daytime Phone # **202-828-0850**
Typed or printed name of signing Managing Member/Manager **James F. O'Reilly, VP & Secretary of Trojan UV Holdings**

corp, managing member