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

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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
Page Count	02
Estimated Charge	$382.50

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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

CR2E041 (11/09)

DOCUMENT # M04000000861

1. Limited Liability Company's Name

U.S. Peroxide LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3020 Gore Road	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
London, Ontario	
Zip: N5V4T7 Country: 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: [signature] Mark Brinkman Vice President and Assistant Secretary REGISTERED AGENT MUST SIGN Date: 3/30/10

10. Names and Street Addresses of Managing Members/Managers

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 HL

11. E-mail Address: SKAFKA@TROJANUV.COM (To be used for future annual report notifications)

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 608.406, 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: [signature] 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