

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 18 PM 3:27

DOCUMENT # M14903

1. Corporation Name

THE CHEMICAL EXCHANGE, INC.

Principal Place of Business

Mailing Address

8523 NW 63 PLACE
PARKLAND FL 33067
US

8523 NW 63 PLACE
PARKLAND FL 33067
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

05/02/1985

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2563176

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$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
PD	MOYER, FRANK J.	8523 NW 62 PLACE	PARKLAND FL 33067
D	MOYER, SHIRLEY	8523 NW 62 PLACE	PARKLAND FL 33067
			800004657958--9-- -10/29/01--01091--020 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MOYER, FRANK 8523 NW 63 PLACE PARKLAND FL 33067	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	Suite, Apt. #, Etc.	
	City	State FL

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.

Signature of
Registered Agent

Frank J. Moyer

REGISTERED AGENT MUST SIGN

Date

10/16/01

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:

Frank J. Moyer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/16/01

Date

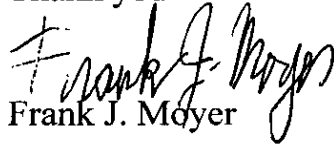
Daytime Phone #

CR2E040 (8/01)

10/16/01

We have encl check for \$150.00 as we did not receive notification prior to the due date as you had mailed the form to the wrong address. Have included copy of your mail to us. Please make sure that mail goes to the correct address in the future.

Thank you


Frank J. Moyer

The Chemical Exchange, Inc.
8523nw 62nd Pl.
Parkland, Fl--33067
