CORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 OCT 29 PM 4:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M14903

Corporation Name
THE CHEMICAL EXCHANGE, INC.

REINSTATEMENT 04-07

Principal Office Address - No P.O. Box # HTERR	3. Mailing Office Address
7775 SOUTHAMPTON	SAME
#, etc. #407	Suite, Apt. #, etc.
City & State TAMARAC FL	City & State
Country 33321 US	Zip 33321 Country U.S.

4. Date Incorporated or Qualified To Do Business in Florida 5/02/1985

5. FEI Number 59-2563176 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee Required for Certificate of Status

7. Name and Address of Current Registered Agent

Name FRANK J. MOYER

Street Address (P.O. Box Number is Not Acceptable) 7775 SOUTHAMPTON TERRACE

Suite, Apt. #, Etc. #407

City TAMARAC State FL Zip Code 33321

☑ The 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 reinstatement fee be waived.

I, having been appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent FRANK J. MOYER Date 10/25/07
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	FRANK J. MOYER	7775 SOUTHAMPTON TERR #407	TAMARAC, FL 33321

800112129486
11/08/07--01051--010 **600.00

10. 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 contained in Chapter 119, F.S. The information indicated in this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: FRANK J. MOYER 10/25/07 954-722-1331
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

jc 10/29