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
TALLAHASSEE, FLORIDA

01 OCT 25 PM 1:38

DOCUMENT # M77884

1. Corporation Name

SUN COUNTRY CHEMICAL, INC.

Principal Place of Business	Mailing Address
2323 HWY 44W INVERNESS FL 34453	2323 HWY 44W INVERNESS FL 34453

REINSTATEMENT 01

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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 04/26/1988 SP

5. FEI Number: 59-2901464 ☐ Applied For ☐ Not Applicable

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
D	LESSMEIER, ROBERT D.	2323 HIGHWAY 44 WEST	INVERNESS FL 34453
D	LESSMEIER, JOAN A.	7337 E. APPLEWOOD	INVERNESS FL 34450
D	MCKENDRY, TIMOTHY A.	6470 E. LYNN	INVERNESS FL 34452
D	MCKENDRY, MICHAEL J.	6765 FALCON REST LANE	INVERNESS FL 34452
D	ROZEK, LESLIE A.	6009 E. HOLLY	INVERNESS FL 34452
			700004679317--3 -11/14/01--01087--009 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

LESSMEIER, ROBERT D.
2323 HIGHWAY 44 WEST
INVERNESS FL 34453

9. Name and Address of New Registered Agent

Name: LESSMEIER ROBERT D
Street Address (P.O. Box Number is Not Acceptable): 2323 HWY 44 WEST
Suite, Apt. #, Etc.:
City: INVERNESS State: FL Zip Code: 34453

CR2E040 (8/01)

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: SIGNATURE REQUIRED Robert D Lessmeier Date: 10/23/01
REGISTERED AGENT MUST SIGN

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: SIGNATURE REQUIRED ROBERT D LESSMEIER 10/23/01 352/726 3496
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #