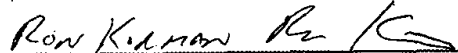


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P00000013068			
1. Corporation Name AZTEC CHEMICAL, INC.			
2. Principal Office Address 1612 N. W. 2nd Avenue Suite, Apt. #, etc. Unit #6 City & State Boca Raton, Florida Zip 33432		3. Mailing Office Address P. O. Box 294007 Suite, Apt. #, etc. City & State Boca Raton, Florida Zip 33429 Country USA	
		4. Date Incorporated or Qualified To Do Business in Florida 02-07-2000	
		5. FEI Number 65-0980092 Applied For Not Applicable	
		6. CERTIFICATE OF STATUS DESIRED ☐ \$9.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name Evan B. Plotka			
Street Address (P.O. Box Number is Not Acceptable) One E. Broward Blvd.			
Suite, Apt. #, Etc. Suite 1111			
City Fort Lauderdale		State FL	Zip Code 33301
8. I, being 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 		Date 11/15/01	
REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Officer	Ron Korman	1612 N. W. 2nd Avenue, Boca Raton, FL	33429
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 under section 119.07(3)(f), 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: 		11-17-01 561 620-8215	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #