

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

02 NOV 15 AM 11:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000000485

1. Corporation Name

CHEMSCAPE, INC.

2. Principal Office Address

10300 W FOREST HILLS BLVD

3. Mailing Office Address

7880 N UNIVERSITY DR

Suite, Apt. #, etc.

SUITE #138

Suite, Apt. #, etc.

SUITE #201

City & State

WELLINGTON, FL

City & State

TAMARAC, FL

Zip

33414

Country

USA

Zip

33321

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

AUGUST 2001

5. FEI Number

65-1100406

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ARNOLD GOLDSTEIN

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

16963 KNIGHTS BRIDGE LANE

Suite, Apt. #, Etc.

City

DELRAY BEACH

State  
FL

Zip Code  
33484

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

REGISTERED AGENT MUST SIGN

Date

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
D	GOLDSTEIN, RICK S.	16963 KNIGHTSBRIDGE LANE	DELRAY BEACH, FL 33484

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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)

10/02/02

Gentlemen

The Reason for not Renewing on time

was because we were in the process of

Moving our office from a home to a new address

And we never received the original form.

Thank you for your courtesy. A check is

Enclosed for \$195 renewal + 17 SatgTV Two

Additional Cost.

Thank you 6/25

Paul Goldstein for

Paul Goldstein

Agat