

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

02 NOV -6 PM 4:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000068886

1. Corporation Name

HURON TECH CORP.

Principal Place of Business

6860 PHILLIPS INDUSTRIAL BLVD.  
JACKSONVILLE FL 32256

Mailing Address

6860 PHILLIPS INDUSTRIAL BLVD.  
JACKSONVILLE FL 32256



REINSTATEMENT 2002

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.  
4815 Executive Park

City & State  
Jacksonville, FL 32216

Zip  
32216

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.  
Same

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/12/2001

5. FEI Number

56-0852992

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
VP	R.C. Aizcorbe	58 Olde Springs Road	Columbia, SC
VP	Roger A. Wilson	36 Idle Lake Ct	Sumter, SC 29150

600008817006

11/06/02--01015--004 \*\*750.00

8. Name and Address of Current Registered Agent

FINNCHEM USA INC.

6860 PHILLIPS INDUSTRIAL BLVD.  
JACKSONVILLE FL 32256

4815 Executive Park  
Jacksonville, FL  
32216

9. Name and Address of New Registered Agent

Name

Finncchem USA Inc

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

4815 Executive Park

Suite, Apt. Etc.

P.O. Box 100

City

Easton

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

10/29/02

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]*  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/29/02 803-353-887