

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000064380

1. Corporation Name

INTERNATIONAL AVIATION CHEMICAL INC.

Principal Place of Business

1355 BENNETT DRIVE  
UNIT 253  
LONGWOOD FL 32750

Mailing Address

1355 BENNETT DRIVE  
UNIT 253  
LONGWOOD FL 32750

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

2. New Principal Office Address, If Applicable

1355 BENNETT DRIVE

Suite, Apt. #, etc.

UNIT 253

City & State

LONGWOOD, FL. 32750

Zip

Country

USA

3. New Mailing Office Address, If Applicable

1355 BENNETT DRIVE

Suite, Apt. #, etc.

UNIT 253

City & State

LONGWOOD, FL. 32750

Zip

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

06/11/2002

5. FEI Number

35-2028457

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)<br>1 | Name of Officers<br>and/or Directors<br>2 | Street Address of Each<br>Officer and/or Director<br>3 | City / State / Zip<br>4 |
|---------------|---|--|-------------------------|
| <del>FD</del> | MICHAEL NICHOLAS                          | 1355 BENNETT DR (UNIT 253)                             | LONGWOOD, FL 32750      |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |

700023713377  
10/10/03 01076 000 \*\*150.00

8. Name and Address of Current Registered Agent

NICHOLAS, MICHAEL  
1355 BENNETT DRIVE  
UNIT 253  
LONGWOOD FL 32750

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

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 REQUIRED  
REGISTERED AGENT MUST SIGN

Date

10/9/03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

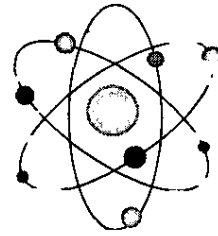
Date

10/9/03

Daytime Phone #

CR2E040 (7/03)

# I.A.C. Inc.



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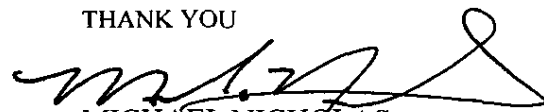
ALL PRODUCTS MADE IN THE U.S.A. KEEPING AMERICA CLEAN AND SAFE

OCTOBER 9, 2003

TO WHOM IT MAY CONCERN:

OUR COMPANY RECENTLY RECEIVED A NOTICE OF DISSOLUTION FROM THE FLORIDA DEPARTMENT OF STATE. WE UNDERSTAND THAT COMPLIANCE WITH THE ANNUAL UNIFORM BUSINESS REPORT IS ESSENTIAL TO MAINTAIN OUR CORPORATE STATUS WITH THE DIVISION. AS OF TODAY'S DATE WE ARE NOT IN RECEIPT OF THE ORIGINAL UNIFORM BUSINESS REPORT FORM FOR 2003. CURRENTLY WE ARE HAVING PROBLEMS WITH OUR MAIL IN ROUTE TO US FROM THE UNITED STATES POST OFFICE IN LONGWOOD, FL. PLEASE FEEL FREE TO CONTACT USPS FOR CONFIRMATION OF THIS STATEMENT. WE SINCERELY APOLOGIZE FOR THE DELAYED PROCEDURES IN PROCESSING AND WOULD ASK THAT THE DIVISION OF CORPORATIONS REINSTATE OUR CORPORATION.

THANK YOU



MICHAEL NICHOLAS