

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

06 JAN 31 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000079429

1. Corporation Name

True Chem, Inc.

2. Principal Office Address

10180 Riverside Dr. # 6

3. Mailing Office Address

10180 Riverside Dr. # 6

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm Beach Gardens, FL

City & State

Palm Beach Gardens, FL

Zip

33410

Country

USA

Zip

33410

Country

USA

REINSTATEMENT

03-86

4. Date Incorporated or Qualified
To Do Business in Florida 7/22/02

5. FEI Number

56-2286887

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

Jim Sifrit

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

10180 Riverside Dr. #6

Suite, Apt. #, Etc.

City

Palm Beach Gardens

State
FL

Zip Code
33410

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

Jim Sifrit
REGISTERED AGENT MUST SIGN

Date 1-4-06

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
P	William C. Herndon, Jr.	720 D Commerce Center Dr.	Sebastian, FL 32958
VP	Jim Sifrit	10180 Riverside Dr. #6	Palm Beach Gardens, FL 33410

OK Ecker FEB 09 2006

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 contained in Chapter 119, 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:

William C. Herndon, Jr.

William C. Herndon, Jr.

1/3/06

772-581-9065

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #