


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE**  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P03139**

1. Corporation Name

**LUCIER CHEMICAL INDUSTRIES, LTD,**  
**INCORPORATED**

2. Principal Office Address

**415 PABLO Ave N**

Suite, Apt. #, etc.

3. Mailing Office Address

**P.O. Box 49000**

Suite, Apt. #, etc.

City & State

**JACKSONVILLE BEACH, FL**

Zip

**32250**

Country

City & State

**JACKSONVILLE BEACH, FL**

Zip

**32240-9000**

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**1992**

5. FEI Number

**13-3158103**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT**

**01-02**

7. Name and Address of Current Registered Agent

Name

**PAULA ANDERSON**

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

**415 PABLO Ave N**

Suite, Apt. #, Etc.

City

**JACKSONVILLE BEACH**

State

**FL**

Zip Code

**32250**

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

**Paula Anderson**

REGISTERED AGENT MUST SIGN

Date **2/25/02**

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
CD	DAVID MESSERLIE	201 TWELVE OAKS	Ponte Vedra FL
D	ROBERT LUCIER	15 ONEIDA RD	Acton, MA
D	Deborah KOLODZIEJ	19 FAIRVIEW DR	South Boro, MA
D	NANCY LUCIER	109 CANNON CT W.	Ponte Vedra FL
D	CAROL MESSERLIE	201 TWELVE OAKS	Ponte Vedra FL
D	BRUCE EKSTROM	107 LINKS RD	MARTHASVILLE MO

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:

**David Messerlie**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**2/25/01**

Daytime Phone #

**904  
241-1200**

CR2E081 (9/01)

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