(((H08000253572 3))) FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM!: 17

	RPORAT ISTATEM			;	. DEPAR Secretar Ision of c	y of S]	SEGRALLAN OF STA TALLAHASSEE, FLOR	TE ID A
DOCUMENT # P04000172576 1. Corporation Name										
ATLA	NTIC PET	ROLE	EUM TECHNO	DLOGIES	OF LOU	IISIA	NNA, INC.			
2. Principal Office Address - No P.O. Box # 3. Mailing Office						lice Address				
330 Pusey Avenue, Suite 6 330 Pu					sey Avenue, Suite 6			CR2E081 (10/08)		
Suite, Apt. #, atc. Suita, Apt. #					, etc.			4. Date Incorporated or Qualified To Do Business in Florida 12/28/2004		
City & State				City & State				5. FEI Number Applied For		
	Collingdale, PA			Collingdale, PA					841665390 Not Applie	
z _e 19023	Country US		^{z_{ip}} 19023		US	ilry	6. CERTIFICAT	GERTIFICATE OF STATUS DESIRED 58.75 Additional Fee requirements for a Certificate of Status		
		7. Nar	me and Address of	Current Regis	itered Agen	ıl			· <u>-</u> · ·	
Name W. Bradley Munroe, Esquire								☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.		
Street Address (P.O. Box Number is Not Acceptable)										
239 E. Virginia Street										
civ Tallahassee					FL 32301					
8. I, being	sppointed the	registere	ed agent of the abov	e named corpo	oralion, am f	amiliar	with and accept the o	bilgations of sect	ion 607.0505 or 617.0503, F.S.	
Signature of. Registered Agent W. Bridge Marke								DateU/5/08		
O Name	and Street A	(dence or	of Social Office and	(as Disperse (De	ERI MUSI	OAM OAM			t (
Tilles	BILLI ON GOLVA		. Name of	OI DIEGOT (FIC	rica nonpro	3	treet Address of Each	1	City / State / Z	
		Officers and/or Directors			Officer and/or Officer					
P	Lawrence McLaughlin			837 W. Rolling Road				Springfield, PA 19064		
VP	Francis K. McLaughlin, Jr.			829 Morgan Avenue				Drexel Hill, PA 19026		
ST	Melvyn Saluck			330 Pusey Ave. Suite 6			6	Collingdale, PA 19023		
С	Randy Saluck				10 Mortar Rock Road				Westport, CT 06880	
REINSTATEMENT RH										
							* ** *			
10, I certify that I am an officer or director or the receiver or trustoe empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling 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 ketted 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: Lawrence McLaughlin 11/05/2008										
HELATURE AND TYPED OR PROTESSION OF BRONNIE OFFICER OR DIRECTOR Date Dayline Phone #										

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6384

Account Name : M. BURR KRIM COMPANY

Account Number : I19990000242 Phone : (215)563-8113 Fax Number : (215)977-9386

CORPORATION REINSTATEMENT

ATLANTIC PETROLEUM TECHNOLOGIES OF LOUISIANNA, INC.

Certificate of Status	0		
Certified Copy	0		
Page Count	02		
Estimated Charge	\$900.00		

