

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2009 FEB -2 P 4:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P06000112489

1. Corporation Name

APPERSON CHEMICALS, INC.

2. Principal Office Address - No P.O. Box #

450 Ridge Road

Suite, Apt. #, etc.

City & State

Coral Gables, FL

Zip

33143

Country

US

3. Mailing Office Address

450 Ridge Road

Suite, Apt. #, etc.

City & State

Coral Gables, FL

Zip

33143

Country

US

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

4. Date Incorporated or Qualified
To Do Business in Florida

08/29/06

5. FEI Number

☐ Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☒ 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.

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

Doreen Wallace

REGISTERED AGENT MUST SIGN

Doreen Wallace
Assistant Vice President

Date 2/2/2009

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
PD	Joseph Benoudiz	450 Ridge Road	Coral Gables, FL 33143

REINSTATEMENT

07-09
JS

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:

Joseph Benoudiz, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/26/09



CORPORATION SERVICE COMPANY'

ACCOUNT NO. : 072100000032

REFERENCE : 879353 4144A

AUTHORIZATION :

COST LIMIT : \$ 450.00

ORDER DATE : February 2, 2009

ORDER TIME : 3:27 PM

ORDER NO. : 879353-005

CUSTOMER NO: 4144A

DOMESTIC FILINGS

NAME: APPERSON CHEMICALS, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Matthew Young - Ext# 2962

EXAMINER'S INITIALS _____

RECEIVED
09 FEB -2 PM 4:13
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA