

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 97 NOV 25 AM 10:05 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # <u>P8310</u>					
1. Corporation Name <u>Chem S.I., Inc.</u>					
Principal Place of Business <u>180 Commerce Dr.</u> <u>Pelham, AL 35124</u>			Mailing Address		
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida <u>12/06/95</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <u>63-0897191</u>	
City & State		City & State		Applied For Not Applicable	
Zip		Country		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)					
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip		
<u>P</u>	<u>Constantine Stahianes</u>	<u>3557 Shandwick Pl</u>	<u>Birmingham, AL</u> <u>35242</u>		
	<u>Purchased in June, 1994</u>				
				<u>800002361428--4</u> <u>-12/02/97--01109--003</u> <u>***1088.75 ***1088.75</u>	
				REINSTATEMENT <u>95-97</u>	
				<u>SL</u> <u>11-26-97</u>	
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent		
			Name <u>John F. Daniel</u> Street Address (P.O. Box Number is Not Acceptable) <u>315 East Fourth Street</u> Suite, Apt. #, Etc.		
			City <u>Panama City</u> State <u>FL</u> Zip Code <u>32402</u>		
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.					
Signature of Registered Agent <u>[Signature]</u>			Date <u>11-21-97</u>		
REGISTERED AGENT MUST SIGN					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)					
12. 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: <u>Constantine Stahianes</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <u>11/20/97</u> Daytime Phone # <u>205-664-8873</u>		