

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2006 OCT -6 PM 4:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P12592**

1. Corporation Name

Airgas-South, Inc.

2. Principal Office Address

125 Townpark Drive

Suite, Apt. #, etc.

400

City & State

Kennesaw, GA

Zip

30144-5880

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

CR2E081 (12/05)

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/18/86

5. FEI Number

52-1390683

☐ 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

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

Margaret E. Rauscher
REGISTERED AGENT MUST SIGN

Date

10/5/06

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
Pres/Dir	Jay Sullivan	125 Townpark Drive, Ste 400	Kennesaw, GA 30144-5880
VP/CEC	Brett Cohen	125 Townpark Drive, Ste 400	Kennesaw, GA 30144-5880
VP/Dir	Robert M. McLaughlin	259 N. Radnor-Chester Rd., Ste 100	Radnor, PA 19087
Sec	Dean A. Bertolino	259 N. Radnor-Chester Rd., Ste 100	Radnor, PA 19087
Asst. Sec	Todd R. Craun	259 N. Radnor-Chester Rd., Ste 100	Radnor, PA 19087
Controller	Tamra Collier	125 Townpark Drive, Ste 400	Kennesaw, GA 30144-5880

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:

Robert M. McLaughlin

Robert M. McLaughlin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09-26-06

Date

610 687-5253

Daytime Phone #

10/6/06