

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

01 DEC 21 AM 11:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P23534**

1. Corporation Name

FINNCHEM USA INC.

Principal Place of Business

6860 PHILLIPS INDUSTRIAL BLVD
JACKSONVILLE FL 32256
US

Mailing Address

6860 PHILLIPS INDUSTRIAL BLVD
JACKSONVILLE FL 32256
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/22/1989

5. FEI Number

56-0852992

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
CD	LOFTFIELD, R.E.	2440 IVY FORD LANE	JACKSONVILLE FL
V	LOFTFIELD, S. A.	12960 MANDARIN ROAD	JACKSONVILLE FL
PD P	BAILEY, W.R.	6310 MALLARD DR	WILMINGTON NC
VSD VS	ECKLOF, A. R.	444 BRIDGEVIEW TERRACE	JACKSONVILLE FL 32259
D	GRANE, D.	719 BARCLAY RD	LONDON, ONTARIO
D/C D/V	Smith, Steve maki-Kala, Jurki	PL7 PL7	Actsa, Finland FIN-32741 Actsa, Finland FIN-32741

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

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.

BABARA A. BURKE
SPECIAL ASSISTANT SECRETARY

Signature of
Registered Agent

Barbara A. Burke

REGISTERED AGENT MUST SIGN

Date

12-19-01

11. 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:

Allen R. Eubank

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/30/01

Daytime Phone #

904-262-6999

CR2E040 (8/01)