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
96 NOV 18 PM 12:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****375.00 ****375.00

DOCUMENT # P26898

1. Corporation Name

MARTIN MARIETTA MAGNESIA SPECIALTIES INC.

REINSTATEMENT

Principal Place of Business	Mailing Address
2710 WYCLIFF ROAD RALEIGH NC 27607 US	6801 ROCKLEDGE DRIVE BETHESDA MD 20817 US

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
Suite, Apt. #, etc.	2710 Wycliff Road Suite, Apt. #, etc.
City & State	City & State Raleigh, NC
Zip / Country	Zip 27607 / Country USA

4. Date Incorporated or Qualified To Do Business in Florida: 11/14/1989

5. FEI Number: 52-1603828 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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
C	ZELNAK, JR., STEPHEN P.	~~2700~~ WYCLIFF RD 2710	RALEIGH NC 27607
P/D	SIPLING, PHILIP J	~~2700~~ WYCLIFF RD 2710	RALEIGH NC 27607
V	GAILLARD, PETER S.	2323 ~~EASTWEN~~ BLVD EASTERN	BALTIMORE MD 21220
V/T	~~MILLER, KENNETH G~~ SHEPHARD, DANIEL G.	~~2700~~ WYCLIFF RD 2710	RALEIGH NC 27607
S	BAR, ROSELYN R	~~2700~~ WYCLIFF RD 2710	RALEIGH NC 27607
AS	CHIET, ARNOLD	6801 ROCKLEDGE DR.	BETHESDA MD 20817

DBL-19-96

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 FL | 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.

Signature of Registered Agent: SIGNATURE REQUIRED JENNIFER FAULTMAN ASSISTANT SECRETARY Date: 10-17-96
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☑ No ☐ (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: SIGNATURE REQUIRED Philip J. Sipling 10/14/96 919-781-4550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President Date Daytime Phone #

CR2E040 (7/96)