

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 NOV 20 PM 3:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P32027

1. Corporation Name

HY-YIELD BROMINE, INC.

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

3500 HWY 133 W

3. Mailing Office Address

622 EMERSON RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

500

City & State

ROCKY POINT, NC

City & State

CREVE COEUR, MO

Zip

28457

Country

USA

Zip

63141

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/06/1990

5. FEI Number

59-3040585

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

CT CORPORATION SYSTEM

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

1200 S. PINE ISLAND ROAD

Suite, Apt. #, Etc.

PLANTATION

State

FL

Zip Code

33324

☒ 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

John J. Linnihan
REGISTERED AGENT MUST SIGN

CT Corporation System

Date

November 6, 2007

By: **John J. Linnihan - Asst. V.P.**

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
PRESIDENT	CALVIN LEWIS	3500 HWY 133 W	ROCKY POINT, NC 28457
DIRECTOR	YIEL ELHANANY	95 MACCORKLE AVE SW	CHARLESTON, WV 25303
DIRECTOR	WILLIAM TAFT	16800 IMPERIAL VALLEY DR	HOUSTON, TX 77060

600112458858
11/20/07 01029 021 **1650.00

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:

CE Lewis Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/15/2007 910-675-9409
Daytime Phone #