

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

08 JUL 16 PM 12:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000004852**

1. Corporation Name

**AMERICAN INDUSTRIAL
CHEMICALS INC.**

W08000032374

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

5805 N. 50TH ST

3. Mailing Office Address

PO BOX 16798

Suite, Apt. #, etc.

UNIT 74

Suite, Apt. #, etc.

City & State

TAMPA FL.

City & State

TAMPA FL.

Zip

33610 USA

Zip

33687 USA

4. Date Incorporated or Qualified
To Do Business in Florida

1993

5. EEI Number

59-3161182

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

WILLIAM J. EZELL

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

3149 FEATHERWOOD CT.

Suite, Apt. #, Etc.

City

CLARWATER

State

FL

Zip Code

33759

☒ 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

William J. Ezell

REGISTERED AGENT MUST SIGN

Date **7-14-08**

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 |
|----------|--------------------------------------|---|----------------------------|
| J | DEBORAH A. EZELL | 3149 FEATHERWOOD CT | CLARWATER FL. 33759 |
| P | WILLIAM J. EZELL | 3149 FEATHERWOOD CT | CLARWATER FL. 33759 |
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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:

William J. Ezell

WILLIAM J. EZELL

7-14-08

813630-0500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #