

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 24 PM 6:29

DOCUMENT # P93000085629

1. Corporation Name

Chemical Pollution Control, Inc. of Florida

2. Principal Office Address

5151 San Felipe

Suite, Apt. #, etc.

Suite 1600

City & State

Houston

Zip

TX

Country

77056

3. Mailing Office Address

5151 San Felipe

Suite, Apt. #, etc.

Suite 1600

City & State

Houston

Zip

TX

Country

77056

REINSTATEMENT

01

4. Date Incorporated or Qualified
To Do Business in Florida

12/15/1993

5. FEI Number

65-0476480

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

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

BRIAN COURTNEY, ASST. V.P.

REGISTERED AGENT MUST SIGN

Date

11-8-01

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
P	Brian Recatto	5151 San Felipe, #1600	Houston, TX 77056
VP	Phil. Thurston	5151 San Felipe, #1600	Houston, TX 77056
S	Noel Elfant	9700 Higgins Road	Rosemont, IL 60018
AS	Deborah Huston	5151 San Felipe, #1600	Houston, TX 77056
D	Anthony Fernandes	9700 Higgins Road	Rosemont, IL 60018

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

713-623-8777