

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P95000047302

1. Entity Name
CENTRAL FLORIDA CHEMICAL, INC.



FILED

06 OCT 24 PM 1:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10192006 REIN-P CR2E098 (11/05) 06

Principal Place of Business
8315 LAKE MELENA WAY
TAMPA, FL 33614

Mailing Address
8315 LAKE MELENA WAY
TAMPA, FL 33614

2. Principal Place of Business
9610 B Norwood Drive

3. Mailing Address
9610 B Norwood Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Tampa, FL

City & State
Tampa, FL

Zip
33624

Country
USA

Zip
33624

Country
USA

4. FEI Number
59-3331080

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LOOS, WILLIAM R
6506 N. PACKWOOD AVE.
TAMPA, FL 33604

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *William R Loos*

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

10/20/06
DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE DPT
NAME LOOS, WILLIAM ☐ Delete
STREET ADDRESS 6506 N. PACKWOOD AVE.
CITY-ST-ZIP TAMPA, FL 33604

TITLE DVS
NAME LOOS, KAREN ☐ Delete
STREET ADDRESS 6506 N. PACKWOOD AVE.
CITY-ST-ZIP TAMPA, FL 33604

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS 900081130619
CITY-ST-ZIP 10/24/06--01007--007 **150.00

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Brian R. Loos*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/20/06 813961-4100
Date Daytime Phone #