SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE IF ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

0034736

PROFIT CORPORATION [redacted] REPORT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

R61 99-00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 MAY 12 AM 9:41

DOCUMENT # P95000050949

1. Corporation Name

PRUDENTIAL CHEMICAL, INC.

[redacted]

REINSTATEMENT 99-01

Principal Place of Business	Mailing Address
2300 W. SAMPLE ROAD STE 304 POMPANO BEACH FL 33073	2300 W. SAMPLE ROAD STE 304 POMPANO BEACH FL 33073 US

3. Date Incorporated or Qualified: 06/28/1995

2. Principal Place of Business	2a. Mailing Address
21218 ST. ANDREWS BL	26 21218 ST ANDREWS BLVD
Suite, Apt. #, etc.: 650	27 650
City & State: BOCA RATON FL	28 BOCA RATON, FL
Zip: 33433 Country: 25 USA	29 33433 30 USA

4. FEI Number: 65-0605802 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation owes the current year intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE: BRIAN COURTNEY, ASST. V.P. DATE: 5/11/2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	GOLBERG, IRA	1.2 NAME	500003262955--7
STREET ADDRESS	550 SYLVAN AVENUE	1.3 STREET ADDRESS	-05/23/00--01033--003
CITY-ST-ZIP	ENGLEWOOD CLIFFS NJ 07632	1.4 CITY-ST-ZIP	****900.00 ****900.00
TITLE	S ☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	REICH, TERRY	2.2 NAME	
STREET ADDRESS	550 SYLVAN AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD CLIFFS NJ 07632	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	KE
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (5/99)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE REQUIRED 10/1/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #