

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

96 NOV 12 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000088557**

1. Corporation Name

MERIDIAN CHEMICAL, INC.

Principal Place of Business

Mailing Address

**500 ANCLOTE ROAD
TARPON SPRINGS FL 34689-1880**

**500 ANCLOTE ROAD
TARPON SPRINGS FL 34689-1880**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

11/17/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. BOX 1880

City & State

City & State

TARPON SPRINGS, FL

Zip

34689

Country

Zip

34688-1880

Country

U.S.A.

5. FEI Number

59-3362753

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	KARANTONIS, PETER N	26 HIBISCUS STREET, N.	TARPON SPRINGS FL 34689

200002006692--2
-11/18/96--01007--010
*****383.75 ***383.75**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**KARANTONIS, PETER N
26 HIBISCUS STREET, N.
TARPON SPRINGS FL 34689**

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date **11-8-96**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-8-96

Date

813 942 0186

Daytime Phone