

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P96000086426**

1. Corporation Name

AEROCHEM CORPORATION

Principal Place of Business

4004 SW 180 ST
NEWBERRY FL 32669
US

Mailing Address

PO BOX 90087
GAINESVILLE FL 32607
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/17/1996

5. FEI Number

59-3418961

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	CARROLL, BRUCE F	4004 SW 180 ST	NEWBERRY FL 32669
D	SCHANZE, KIRK S	5523 SW 92ND WAY	GAINESVILLE FL 32608

8. Name and Address of Current Registered Agent

ENWALL, PETER C
2790 NW 43RD ST
SUITE 200
GAINESVILLE FL 32606

9. Name and Address of New Registered Agent

Name

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

926 NW 13TH STREET
Suite, Apt. #, Etc.

City

GAINESVILLE

State

FL

Zip Code

32601

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. or 617.0505, F.S.

Signature of
Registered Agent

Peter C. Enwall
REGISTERED AGENT MUST SIGN

Date 12/18/03

11. 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

Bruce F. Carroll
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/16/2003

Date

352-392-4943

Daytime Phone #

REINSTATEMENT 2003



100025695061
12/23/03--01002--021 **750.00

FILED
03 DEC 23 AM 10:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E046 (7/03)