DI EASE DEAD A	ALL INSTRUCTIONS	REFORE COM	DI ETING THIS FOR	PM	
PLEASE READ ALL INSTRUCTIONS  APPLICATION FOR FOR Secretary of REINSTATEMENT		NT OF STATE arris state	FILED		
DOCUMENT # P98000103203		RATIONS	00 OCT	00 OCT 20 PM 1:56	
1. Corporation Name  QUALCHEM INC.		J.K	SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business  2761 SEBASTIAN COURT  JACKSONVILLE FL 32224  Mailing Address  2761 SEBASTIAN COURT  JACKSONVILLE FL 32224		R	REINSTATEMENT 200		
If above addresses are incorrect in any way, line throi  2. New Principal Office Address, If Applicable  1. 400 Reid St  Suite, Apt. #, etc.  Cib & State  PAAHKA  Zip  3 2177  Country	ugh incorrect information and enter of 3. New Mailing Office Address, If a Suite, Apt. #, etc.  City & State  Zip Country	Applicable 4. Dz Tc	ate Incorporated or Qualified b Do Business in Florida  El Number  9-3547009  ERTIFICATE OF STATUS DESIRED	O1/O1/1999  Applied For Not Applicable  \$8.75 Additional Fee required for a Certificate of Status	
Title(s) and/or Directors 3		eet Address of Each ficer and/or Director		City, FL 32112 Me, Fl 32224	
			40000345 -11/07/00 ****750.0	56049 01033007 	
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent Name			
Gallie, George a IV 2761 Sebastian Court Jacksonville FL 32224		Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.  City  State  Zip Code			
10. I, being appointed the registered agent of the above Signature of Registered Agent Registered Agent Recommendation Recomme	re named corporation, am familiar w  LURE REQU  GISTERED AGENT MUST SIGN	ith and accept the obligation	ns of Section 607.0505, F.S.  Date	7-18-00	
11. I certify that I am an officer or director or the receive this reinstatement application, the reason for dissolowed by the corporation have been paid and the non this application is true and accurate, and my signature.	lution has been eliminated, the corpo ames of individuals listed on this for	orate name satisfies the req m do not qualify for an exer	uirements of section 607.0401 or	617.0401, F.S., that all fees	

10-18-00 (909) 326-9888 Date Daytime Phone #

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GEORGE H. Gallic