

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 29 AM 11:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000000952

1. Corporation Name

DYNATECH CHEMICALS, INC.

Principal Place of Business

Mailing Address

~~2375 ST. JOHNS BLUFF ROAD S~~
~~304~~ 2727 CLYDO ROAD
JACKSONVILLE FL 32246

~~2375 ST. JOHNS BLUFF ROAD S~~
~~304~~ 2727 CLYDO ROAD
JACKSONVILLE FL 32246



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

2727 CLYDO ROAD

2727 CLYDO ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#18

#18

City & State

City & State

JACKSONVILLE, FL 32207

JACKSONVILLE, FL 32207

Zip

Country

32207

USA

Zip

Country

32207

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/05/1999

5. FEI Number

59-3570431

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	ANDERSON, JON	2375 ST. JOHNS BLUFF ROAD S 2727 CLYDO ROAD #18	JACKSONVILLE FL 32246 32207

700025818857
12/29/03--01057--027 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ANDERSON, JON

~~2375 ST. JOHNS BLUFF ROAD S~~

~~#304~~

JACKSONVILLE FL ~~32246~~

Name

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

2727 CLYDO ROAD

Suite, Apt. #, Etc.

#18

City

JACKSONVILLE

State

FL

Zip Code

32207

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 12/22/03

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/22/03
Date

(904) 996-3663
Daytime Phone #

CR2040 (7/03)