

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

14 JAN 30 AM 3 53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # S19128

1. Corporation Name

**CORROSION AND HIGH TEMP METALS, INC.**

2. Principal Office Address - No P.O. Box #

**7207 114th AVE N**

Suite, Apt. #, etc.

**D**

City & State

**LARGO, FL**

Zip

**33773**

Country

**USA**

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

**WILLIAM ROSS BUTLER III**

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

**1690 SPARKLING COURT**

Suite, Apt. #, Etc.

City

**DUNEDIN**

State

**FL**

Zip Code

**34698**

REINSTATEMENT

13-14

900256194479

01/30/14--01019--011 \*\*900.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

Date 01/22/2014

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	WILLIAM ROSS BUTLER III	1690 SPARKLING COURT	LARGO, FL 34698
		JAN 30 2014	JAN 30 2014
		M. WILLIAMS	M. WILLIAMS

10. E-mail Address: WRBUTLER111@GMAIL.COM

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/22/2014

727-546-5580

Date

Daytime Phone #