

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

96 NOV 12 AM 8:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **545369**

1. Corporation Name

QUAD CHEMICAL CORPORATION

Principal Place of Business

Mailing Address

REINSTATEMENT **96**

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

DO NOT WRITE IN THIS SPACE

2. Now Principal Office Address, If Applicable  
**4119 GUNN HIGHWAY**

3. New Mailing Address, If Applicable  
**P. O. BOX 31102**

4. Date Incorporated or Qualified  
To Do Business in Florida  
**4/15/91**

Suite, Apt. #, etc.  
**SUITE 28**

Suite, Apt. #, etc.

5. FEI Number  
**59-3057308**

Applied For  
Not Applicable

City & State  
**TAMPA, FL**

City & State  
**TAMPA, FL**

Zip  
**33624**

Country  
**USA**

Zip  
**33631-3102**

Country  
**USA**

6. CERTIFICATE OF STATUS DESIRED ☒ **XX**

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	SARAH S. HALL	1062 Laskin Rd., Ste. 13A	VIRGINIA BEACH, VA 23451
D/V/S/T	DANIEL E. MCCONN	3757 TAILBOARD WAY	AUGUSTA, GA 30907
			200002006702--9
			11/18/96 01007-015
			*****383.75 *****383.75
			<b>9611369</b>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

**JOHN MOORE**

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

**4119 GUNN HIGHWAY**

Suite, Apt. #, Etc.  
**SUITE 28**

City

**TAMPA**

State

**FL**

Zip Code

**33624**

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

**John J. Moore**

REGISTERED AGENT MUST SIGN

Date **11/1/96**

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 no 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. 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:

**Daniel E. McConn**

Daniel E. McConn

11/1/96

(706) 650-8954

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #