

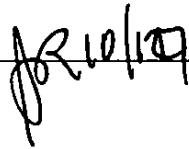
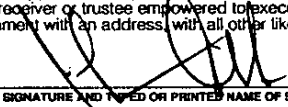


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # S82621 1. Entity Name NORCHEM INDUSTRIAL CORPORATION						FILED 05 OCT 12 PM 1:10 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business 15470 ROUNDTABLE RD FT LAUDERDALE, FL 33331 US				Mailing Address 15470 ROUNDTABLE RD FT LAUDERDALE, FL 33331 US			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent CHAMBERS, JOHN 15470 ROUNDTABLE RD FT LAUDERDALE, FL 33331				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
FILE NOW!!! FEE IS \$750.00 After January 1, 2006, Fee will be \$900.00							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CHAMBERS, JOHN 15470 ROUNDTABLE RD FORT LAUDERDALE, FL 33331 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	000060548520 10/12/05--01049--007 **750.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CHAMBERS, JUDITH A 15470 ROUNDTABLE RD FORT LAUDERDALE, FL 33331 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE:  JOHN CHAMBERS <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: 10/10/05 Daytime Phone #: 954-252-9445			