

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUL 21 PM 1:09

DOCUMENT # **V15102**

1. Corporation Name

**SPECIALIZED POLYMERS, INC.**

Principal Place of Business

4743 U.S. 19  
COMMUNITY PLAZA  
NEW PORT RICHEY FL 34652  
US

Mailing Address

4743 U.S. 19  
COMMUNITY PLAZA  
NEW PORT RICHEY FL 34652  
US

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



**REINSTATEMENT 99-00**

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

02/17/1992

5. FEI Number

59-3109158

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
STD	PATRICIA JONES	4743 U.S. 19	NEW PORT RICHEY FL
PD	Robert M Young	316 Circle Drive	Palm Harbor, FL 34683

600003342976--6  
-08/02/00 01002-016  
\*\*\*\*900.00 \*\*\*\*900.00

8. Name and Address of Current Registered Agent

PATRICIA JONES  
4743 U.S. 19  
COMMUNITY PLAZA  
NEW PORT RICHEY FL 34652

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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

*Patricia Jones*  
REGISTERED AGENT MUST SIGN

Date

7-10-00

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:

*Patricia Jones* PATRICIA JONES  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-10-00

Date

Daytime Phone #

CR2E040 (8/99)