

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

00 MAR -3 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # V51541

1. Corporation Name
U.S. Industrial Chemical, Corporation

2. Principal Office Address

HC 2 Box 54
Suite, Apt. #, etc.

3. Mailing Office Address

HC 2 Box 54
Suite, Apt. #, etc.

City & State

Bristol Florida

City & State

Bristol Florida

Zip

32321

Country

US

Zip

32321

Country

US

REINSTATEMENT

93-00

4. Date Incorporated or Qualified
To Do Business in Florida

7/20/92

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

Samuel T. Novher

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

HC 2, Box 54, Hwy 6-220 North

Suite, Apt. #, Etc.

City

Bristol

State

FL

Zip Code

32321

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

[Signature]

Date March 3, 2000

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
<u>P/D</u>	<u>Samuel T. Novher</u>	<u>HC 2 Box 54 Hwy 6-220 North</u>	<u>Bristol, FL 32321</u>

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***1800.00 ***1800.00

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10. 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

Date

March 3, 2000 (850) 613-

Daytime Phone #

2055

CR2E081 (9/99)