

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

APPROVED
AND
FILED

00 MAR -1 AM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V56092

1. Corporation Name

Techna Lube Chemical Co., Inc.

2. Principal Office Address

280 Concord Pkwy S

Suite, Apt. #, etc.

Unit 120

City & State

Concord, NC

Zip

28027

Country

USA

3. Mailing Office Address

280 Concord Pkwy S

Suite, Apt. #, etc.

Unit 120

City & State

Concord, NC

Zip

28027

Country

USA

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

8/3/92

5. FEI Number

65-1350241

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 Studer~~ Dolores Studer

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

4785 Capstan Ave

Suite, Apt. #, Etc.

City

Stuart

State

FL

Zip Code

349

8. 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

Dolores Studer

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
VP/CEO	Robert Stencil	280 Concord Pkwy S Unit 120	Concord, NC 28027
VP/D Sec/Treas	Carissa Stencil	280 Concord Pkwy S Unit 120	Concord, NC 28027
COO	Larry Cole	280 Concord Pkwy S Unit 120	Concord, NC 28027
D	Rob Vail Jr	280 Concord Pkwy S Unit 120	Concord, NC 28027
D	Eric Berkobin	280 Concord Pkwy S Unit 120	Concord, NC 28027

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:

Carissa F Stencil Carissa F Stencil

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/00
Date

(704) 986-6933
Daytime Phone #