

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 NOV -5 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000000033

1. Corporation Name

STANDOX NORTH AMERICA, INC.

2. Principal Office Address

c/o DuPontu Pont de Nemours

Suite, Apt. #, etc.

4417 Lancaster Pike BMP25-

2308

City & State

Wilmington, DE

Zip

19805

Country

USA

3. Mailing Office Address

1007 Market Street

Suite, Apt. #, etc.

D-13039

City & State

Wilmington, DE

Zip

19898

Country

USA

REINSTATEMENT

99-02

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

1/2/96

5. FEI Number

38-009445

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

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

Bonnie R. Schuman

REGISTERED AGENT MUST SIGN

Date

10/28/02

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
D/P	Douglas L. Moore	4417 Lancaster Pike BMP-21	Wilmington/DE/19805
D/V/T/S	Daniel R. Bouchard	4417 Lancaster Pike BMP-21	Wilmington/DE/19805
D/Asst. S	Mary Beth McDermott-Hallberg	4417 Lancaster Pike BMP-21	Wilmington/DE/19805

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:

Danielle M. Broulee
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/30/02

Date

302-774-2561

Daytime Phone #

*See attached power of attorney document.

11/12/02

CR2E081 (3/01)