

522136 MAY23 2011

EXPIRED: 05/29/2010

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Department of Air Monitoring
& Mobile Sources

**REINFORCED POLYESTER RESIN OPERATIONS
AIR GENERAL PERMIT REGISTRATION FORM**

Part II. Notification to Permitting Office

(Detach and submit to appropriate permitting office; keep copy onsite)

Instructions: To give notice to the Department of an eligible facility's intent to use this air general permit, the owner or operator of the facility must detach and complete this part of the Air General Permit Registration Form and submit it to the appropriate Department of Environmental Protection or local air pollution control program office which has permitting authority. Please type or print clearly all information, and enclose the appropriate air general permit registration processing fee pursuant to Rule 62-4.050, F.A.C. (\$100 as of the effective date of this form)

0112651-002

Registration Type

Check one:

INITIAL REGISTRATION - Notification of intent to:

- Construct and operate a proposed new facility.
- Operate an existing facility not currently using an air general permit (e.g., a facility proposing to go from an air operation permit to an air general permit).

RE-REGISTRATION (for facilities currently using an air general permit) - Notification of intent to:

- Continue operating the facility after expiration of the current term of air general permit use.
- Continue operating the facility after a change of ownership.
- Make an equipment change requiring re-registration pursuant to Rule 62-210.310(2)(e), F.A.C., or any other change not considered an administrative correction under Rule 62-210.310(2)(d), F.A.C.

Surrender of Existing Air Operation Permit(s) - For Initial Registrations Only

If the facility currently holds one or more air operation permits, such permit(s) must be surrendered by the owner or operator upon the effective date of this air general permit. In such case, check the first box, and indicate the operation permits being surrendered. If no air operation permits are held by the facility, check the second box.

- All existing air operation permits for this facility are hereby surrendered upon the effective date of this air general permit; specifically permit number(s):
- No air operation permits currently exist for this facility.

General Facility Information

Facility Owner/Company Name (Name of corporation, agency, or individual owner who or which owns, leases, operates, controls, or supervises the facility.)

Bob Zachelmayer (INC. - SEE ATTACHED CORP. RESTATEMENT)

Site Name (Name, if any, of the facility site; e.g., Plant A, Metropolis Plant, etc. If more than one facility is owned, a registration form must be completed for each.)

Facility Location (Provide the physical location of the facility, not necessarily the mailing address.)

Street Address: 231 S.E. 1st Ave.
City: Deerfield Beach, FL County: Broward Zip Code: 33441-3903

Facility Start-Up Date (Estimated start-up date of proposed new facility.) (N/A for existing facility)

Owner/Authorized Representative

| | | |
|---|--|--|
| <p>Name and Position Title (Person who, by signing this form below, certifies that the facility is eligible to use this air general permit.) BOB ZACHELMAY ET / owner Print Name and Title:</p> | | |
| <p>Owner/Authorized Representative Mailing Address Organization/Firm: Street Address: 231 S.E. 1st. Terr. City: Ocala FL County: Broward Zip Code: 33441-3903</p> | | |
| <p>Owner/Authorized Representative Telephone Numbers Telephone: Fax: Cell phone (optional): 9545205754</p> | | |

Facility Contact (If different from Owner/Authorized Representative)

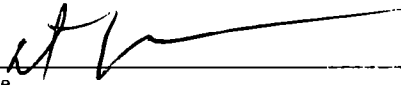
| | | |
|---|--|--|
| <p>Name and Position Title (Plant manager or person to be contacted regarding day-to-day operations at the facility.) Print Name and Title:</p> | | |
| <p>Facility Contact Mailing Address Organization/Firm: Street Address: City: County: Zip Code:</p> | | |
| <p>Facility Contact Telephone Numbers Telephone: Fax: Cell phone (optional):</p> | | |

Owner/Authorized Representative Statement

This statement must be signed and dated by the person named above as owner or authorized representative

I, the undersigned, am the owner or authorized representative of the owner or operator of the facility addressed in this Air General Permit Registration Form. I hereby certify, based on information and belief formed after reasonable inquiry, that the facility addressed in this registration form is eligible for use of this air general permit and that the statements made in this registration form are true, accurate and complete. Further, I agree to operate and maintain the facility described in this registration form so as to comply with all applicable standards for control of air pollutant emissions found in the statutes of the State of Florida and rules of the Department of Environmental Protection and revisions thereof.

I will promptly notify the Department of any changes to the information contained in this registration form.



 Signature

 Date **4/21/11**

Material Usage Rates

If this is an **initial registration** for a reinforced polyester resin operation, provide an estimate of the total quantity, in pounds, of styrene-containing materials (resin and gelcoat) expected to be used over a 12-month period. Note: the general permit limits the usage of such material to 76,000 pounds (38 tons) in any consecutive 12 months.

If this is a **re-registration** for a reinforced polyester resin operation, provide the highest 12-month total quantity, in pounds, of styrene-containing materials (resin and gelcoat) used in the last five years. Indicate the 12-month period over which this usage occurred.

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Description of Facility

Below, or as an attachment to this form, provide a description of the reinforced polyester resin operations at the facility in sufficient detail to demonstrate the facility's eligibility for use of this air general permit and to provide a basis for tracking any future equipment or process changes at the facility. Describe all air pollutant-emitting processes and equipment at the facility, and identify any air pollution control measures or equipment used.

Hand Kycup Repair
Surfboards & Boats

P96 000028531

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

10 MAR 25 PM 1:28

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P96000028531

1. Corporation Name

ROBERT ZACHELMAYER, INC.

500173145715
03/26/10--01001--001 **235.00

CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #

231 S.E. 1ST TERR.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DEERFIELD BEACH, FL

City & State

Zip

Country

33441

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

3/29/56

5. FEI Number

65-0658141

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

ROBERT ZACHELMAYER

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

231 S.E. 1ST TERR.

Suite, Apt. #, Etc.

City

DEERFIELD BEACH

State

FL

Zip Code

33441

* The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

X [Signature]

Date

3/24/10

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 |
|----------------------|-----------------------------------|--|------------------------------|
| DP | ROBERT ZACHELMAYER | 231 S.E. 1 ST TERR. | DEERFIELD BEACH, FL 33441 |
| REINSTATEMENT | | | |
| 2007-2010 MPL | | | |

10. E-mail Address:

(To be used for future annual report notification)

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. I further certify, 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: X [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/10

954-520-5754

Date

Daytime Phone #

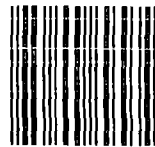
231 S. E. 1st. Terr.
Deerfield Bch, Fla.
33441

F. D. E. P.
Receipts
P. O. Box 3070
Kilbucksee, Fla.
32315



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