

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/20

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

16 OCT 20 AM 0:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100291475341

CR2B081 (11/10)

DOCUMENT # F95000003357

1. Corporation Name
Waco Filters Corporation

2. Principal Office Address - No P.O. Box #
2546 General Armistead Ave.
Suite, Apt. #, etc.

3. Mailing Office Address
2546 General Armistead Ave.
Suite, Apt. #, etc.

City & State
Norristown, PA

City & State
Norristown, PA

Zip Country
19403 USA

Zip Country
19403 USA

4. Date Incorporated or Qualified To Do Business in Florida
07/13/1995

5. FEI Number
23-2386877

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

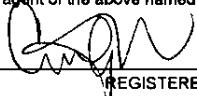
Name
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

Suite, Apt. #, Etc.

City State Zip Code
Tallahassee FL 32301

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  **Courtney Williams**
Asst. Vice President Date 10.20.16

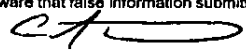
REGISTERED AGENT MUST SIGN

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
D/P/CBO	Theresa Kelso	2546 General Armistead Ave.	2546 General Armistead Ave.
DV	David Ball	2546 General Armistead Ave.	2546 General Armistead Ave.
D/V/S/T	John Udelhofen	2546 General Armistead Ave.	2546 General Armistead Ave.
V/AS	Aaron Van Getson	2546 General Armistead Ave.	2546 General Armistead Ave.

10. E-mail Address: aenggasser@filtrationgroup.com
(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:  **Aaron Van Getson, Vice President and Assistant Secretary** 10/20/16 312-277-0160

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 340470 7566693
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 750.00

ORDER DATE : October 20, 2016
ORDER TIME : 4:01 PM
ORDER NO. : 340470-005
CUSTOMER NO: 7566693

REINSTATEMENT

NAME: WACO FILTERS CORPORATION

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams

EXAMINER'S INITIALS _____

SUFFICIENCY OF FILING
 16 OCT 20 PM 4:25
 APPROVED