PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
01 JUL 30 PM 5:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # F97000027721

1. Corporation Name

Floor Seal Technology, Inc

2. Principal Office Address	**3.** Mailing Office Address
1530 Old Oakland Rd	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
suite, 120	
City & State	City & State
San Jose, CA.	
Zip / Country	Zip / Country
95112 / USA.	

4. Date Incorporated or Qualified To Do Business in Florida 5/1997

5. FEI Number 94265820 ☐ 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: Charlie Bloss

Street Address (P.O. Box Number is Not Acceptable): 4415 Florida National Dr, # 206

Suite, Apt. #, Etc.:

City: Lakeland | State: FL | Zip Code: 33813

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: Charlie Bloss — REGISTERED AGENT MUST SIGN — Date: 7/27/01

CR2E081 (9/00)

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
Pres	William Clyne	20288 Bear Creek Rd	Los Gatos, CA 95033
VP	Mark Lohbeck	986 Goodwin Dr.	San Jose CA 95128
CFO	Tom Anthony	20408 Santa Cruz Hwy.	Los Gatos, CA 95033
		REINSTATEMENT	98-04 TB

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: _____ 7/20/01 408-436-8181

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