

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<p>APPLICATION FOR REINSTATEMENT</p> <p style="font-size: 2em; font-weight: bold; color: black;">97-99AR</p> <p style="text-align: center;">FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS</p> <p style="text-align: center;">Read Instructions on Other Side Before Making Entries Make Check Payable To: Department of State</p>		<p style="text-align: right;">DO NOT WRITE IN THIS SPACE</p> <p style="text-align: center;">99 MAY 21 AM 10:20</p> <p style="text-align: center;">SECRETARY OF STATE</p>																																	
<p>1. Name and Mailing Address of Corporation: DOCUMENT # P94000027968</p> <p style="text-align: center;">ABTECH CORP</p> <p style="text-align: center;">7224 NW 56th ST MIAMI FL, 33166</p>		<p>2. If Address in Block 1 is incorrect in any way, enter the correct address below:</p> <p>Address _____</p> <p>City and State _____ Zip Code _____</p> <p>3. If Principle Office Address is different from mailing address, enter address below:</p> <p>Address _____</p> <p>City and State _____ Zip Code _____</p>																																	
<p>4. Date Incorporated or Qualified To Do Business in Florida: 04/12/94</p>	<p>5. FEI Number: 65-0490349</p>	<p>FEI Number Applied For _____</p> <p>FEI Number Not Applicable _____</p>	<p>6. \$8.75 Additional Fee required for a Certificate of Status</p> <p>CERTIFICATE OF STATUS DESIRED <input type="checkbox"/></p>																																
<p>7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">1</th> <th style="width:30%;">2</th> <th style="width:30%;">3</th> <th style="width:30%;">4</th> </tr> <tr> <th>Title(s)</th> <th>Name of Officers and/or Directors</th> <th>Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)</th> <th>City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>P/S/D</td> <td>FORIN, EDSON</td> <td>831 NE 206 STREET</td> <td>NORTH MIAMI BEACH, FL 33179</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				1	2	3	4	Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip	P/S/D	FORIN, EDSON	831 NE 206 STREET	NORTH MIAMI BEACH, FL 33179																				
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<p style="text-align: center;">REGISTERED AGENT INFORMATION</p> <p>8. Name and Address of Current Registered Agent</p> <p style="text-align: center;">FORIN, EDSON 831 NE 206 STREET NORTH MIAMI BEACH FL, 33179</p>		<p>9. If changed, new registered agent / office</p> <p>Name _____</p> <p>Street Address (Do NOT Use P.O. Box Number) _____</p> <p>Street Address (Do NOT Use P.O. Box Number) _____</p> <p>City _____ State FL Zip _____</p>																																	
<p>10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.</p> <p>Signature of Registered Agent: <i>[Signature]</i> Date: 5/1/95</p> <p style="text-align: center;">REGISTERED AGENT MUST SIGN</p>																																			
<p>11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box <input type="checkbox"/> (See other side for additional information.)</p>																																			
<p>12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)</p>																																			
<p>13. 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. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.</p> <p>Signature of Officer or Director: <i>[Signature]</i> Date: 5/1/95 Daytime Phone #: 705-685-5918</p> <p>Typed or printed name of signing officer or director _____</p>																																			

Bryant's Accounting Service

Specializing In Small Business Administration

847 N.W. 119 St., Suite 205, North Miami, Fla. 33168

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DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE FLORIDA 32314

MAY 12, 1999

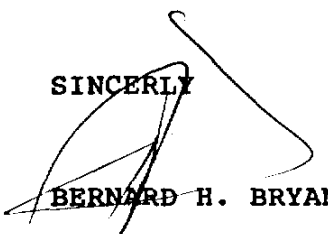
RE: ABTECH CORP

ATTN: SELMA LEWIS

AS PER OUR CONVERSATION ENCLOSE IS THE DOCUMENT TO REINSTATE ABTECH CORP. ALONG WITH MY CHECK FOR \$450.00. THANK YOU VERY MUCH FOR YOUR ATTENTION TO THIS MATTER.

IF I CAN BE OF ANY FURTHER HELP TO YOU PLEASE DO NOT HESITATE TO CONTACT ME AT THE ABOVE ADDRESS OR PHONE NUMBER.

SINCERLY


BERNARD H. BRYANT