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APPROVED AND FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

05 APR 19 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 843752

1. Corporation Name
Pall Corporation

2. Principal Office Address
2200 Northern Blvd.
Suite, Apt. #, etc.

3. Mailing Office Address
2200 Northern Blvd.
Suite, Apt. #, etc.

City & State
East Hills, NY

City & State
East Hills, NY

Zip 11548 **Country** U.S.A.

Zip 11548 **Country** U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida 07/20/1979

5. FEI Number 11-1541330 **Applied For** **Not Applicable**

6. CERTIFICATE OF STATUS DESIRED **\$8.75 Additional Fee required for a Certificate of Status**

REINSTATEMENT 03-05

200051241592 MRS

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 TALLAHASSEE **State** FL **Zip Code** 32301-2525

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 Deborah D. Skipper **Deborah D. Skipper** **Date** 4/19/2005
REGISTERED AGENT MUST SIGN Asst. V. Pres.

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	Eric Krasnoff	2200 Northern Blvd.	East Hills, NY 11548
D/P/T	Marcus Wilson	2200 Northern Blvd.	East Hills, NY 11548
S	Mary Ann Bartlett	2200 Northern Blvd.	East Hills, NY 11548

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: Mary Ann Bartlett **Mary Ann Bartlett** **4-13-2005** **516-484-5400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (01/04)



CORPORATION SERVICE COMPANY

292

ACCOUNT NO. : 072100000032
REFERENCE : 320980 4380050
AUTHORIZATION : Patricia Pajoto
COST LIMIT : \$ 1050.00

ORDER DATE : April 18, 2005
ORDER TIME : 10:09 AM
ORDER NO. : 320980-020
CUSTOMER NO: 4380050
CUSTOMER: Mr. Gregory Rodriguez
Pall Corporation
2200 Northern Blvd
East Hills, NY 11548

REINSTATEMENT

NAME: PALL CORPORATION

APR 19 11 03 AM '05
STATE OF FLORIDA
NOTARY PUBLIC
PATRICIA PAJOTO

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

CONTACT PERSON: Darlene Ward
EXAMINER'S INITIALS _____