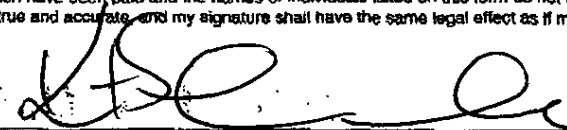


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State DIVISION OF CORPORATIONS		FILED 03 OCT 21 PM 12:32 SECRETARY OF STATE TALLAHASSEE, FLORIDA																													
DOCUMENT # F02000003493																																	
1. Corporation Name EARTHTECH LABORATORIES, INC.																																	
Principal Place of Business 2525 BOWEN STREET OSKOSH WI 54901		Mailing Address 2525 BOWEN STREET OSKOSH WI 54901																															
If above addresses are incorrect in any way, line through incorrect information and enter correction below.																																	
2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable 6200 TOPAZ CT. UNIT 1 FT. MYERS		4. Date Incorporated or Qualified To Do Business in Florida 07/09/2002																													
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 39-1915143																													
City & State		City & State		Applied For ☐ Not Applicable																													
Zip USA		Zip 33912		6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status																													
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)																																	
<table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th style="width:10%;">Title(s)</th><th style="width:30%;">Name of Officers and/or Directors</th><th style="width:30%;">Street Address of Each Officer and/or Director</th><th style="width:30%;">City / State / Zip</th></tr></thead><tbody><tr><td>P</td><td>SCHUMACHER, KURT</td><td>1823 S.E. 26TH TERRACE</td><td>CAPE CORAL FL 33904</td></tr><tr><td>VP</td><td>Schumacher Susanne</td><td>410 E. Forest Ave</td><td>Nearah WI 54958</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>						Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	P	SCHUMACHER, KURT	1823 S.E. 26TH TERRACE	CAPE CORAL FL 33904	VP	Schumacher Susanne	410 E. Forest Ave	Nearah WI 54958																
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8. Name and Address of Current Registered Agent SCHUMACHER, KURT 1823 S.E. 26TH TERRACE CAPE CORAL FL 33904			9. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"><tr><td colspan="2">Name</td></tr><tr><td colspan="2">Street Address (P.O. Box Number is Not Acceptable)</td></tr><tr><td colspan="2">Suite, Apt. #, Etc.</td></tr><tr><td>City</td><td>State FL Zip Code</td></tr></table>			Name		Street Address (P.O. Box Number is Not Acceptable)		Suite, Apt. #, Etc.		City	State FL Zip Code																				
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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. or 617.0505, F.S. Signature of Registered Agent  REGISTERED AGENT MUST SIGN Date 10/13/03																																	
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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(f), 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 10/13/03 (239) 693 7663 Daytime Phone #																																	