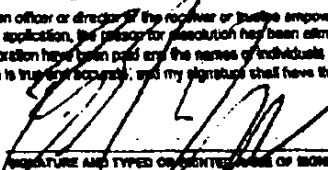


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		07 JUN 14 PM 2:23 TALLAHASSEE, FLORIDA	
DOCUMENT # F02000005750					
1. Corporation Name Applied Spectrometry Associates, Inc.					
2. Principal Office Address - No P.O. Box # 2325 Parklawn Drive			3. Mailing Office Address 2325 Parklawn Drive		
Suite, Apt. #, etc. Suite 1			Suite, Apt. #, etc. Suite 1		
City & State Waukesha, WI			City & State Waukesha, WI		
Zip 53186		Country USA		Zip 53186	
Country USA		4. Date Incorporated or Qualified To Do Business in Florida			
5. FBI Number 39-1815847				Applied For ☐ Not Applicable	
6. CERTIFICATE OF STATUS DESIRED ☒					
7. Name and Address of Current Registered Agent Name NAPLES-LAWDOCK, INC. Street Address (P.O. Box Number is Not Acceptable) 1395 Panther Lane Suite, Apt. #, Etc. Suite 300 City Naples State FL Zip 34109-7874					
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0503, F.S. Signature of Registered Agent _____ Date 6/8/07 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		
President	Bernard Beemster	2325 Parklawn Drive Suite 1	Waukesha, WI 53186		
Secretary	Bruce Reynolds	2325 Parklawn Drive Suite 1	Waukesha, WI 53186		
Treasurer	Scott Kahle	2325 Parklawn Drive Suite 1	Waukesha, WI 53186		
			100102937761 05/21/07--01023--002--\$4600.00		
10. I certify that I am an officer or director of 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 processor fee has been eliminated, the corporation 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 contained in Chapter 119, 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: 		Bernard J. Beemster, President 5/18/07 262 717-9500 Date Daytime Phone #			