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.

REINSTATEMENT 0407

CR2E081 (1/07) 0407

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2325 Parklawn Drive	2325 Parklawn Drive
Suite, Apt. #, etc.: Suite I	Suite, Apt. #, etc.: Suite I
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. FEI 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 Code: 34109-7874

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 _____ 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 I	Waukesha, WI 53186
Secretary	Bruce Reynolds	2325 Parklawn Drive Suite I	Waukesha, WI 53186
Treasurer	Scott Kahle	2325 Parklawn Drive Suite I	Waukesha, WI 53186

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05/21/07--01023--002 **600.00

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 period 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 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

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