PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 NOV 30 PM 1:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F03000003332

1. Corporation Name
COOLING TOWER DEPOT, INC.

400082170574
11/30/06--01032--009 **750.00

CR2EC001 (12/06)

2. Principal Office Address	3. Mailing Office Address
651 CORPORATE CIRCLE	SAME
Suite, Apt. #, etc. SUITE 206	Suite, Apt. #, etc. –
City & State GOLDEN, CO	City & State –
Zip 80401 Country JEFFERSON	Zip – Country –

4. Date Incorporated or Qualified To Do Business In Florida 7/3/2003

5. FEI Number 04-3750892 Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: CT CORPORATION SYSTEM
Street Address (P.O. Box Number is Not Acceptable): 1200 SOUTH PINE ISLAND ROAD
Suite, Apt. #, Etc.: –
City: PLANTATION State: FL Zip Code: 33324

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: Hiedi M. Liesch Hiedi Liesch Assistant Secretary Date: 11-15-06
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
P	STEVEN ADAMS	651 CORP. CIR., STE. 206	GOLDEN, CO 80401
S	MARTIN HOUT	~~651 CORP CIR., STE. 206~~	~~GOLDEN, CO 80401~~
D	MICHAEL KAST	651 CORP. CIR., STE 206	GOLDEN, CO 80401

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 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: Martin Hout 11/16/06 720-746-1234
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #