FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM 07 NOV 29 PM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F04000002239

1. Corporation Name
MASTERTECH COOLING TOWER SERVICES, INC.

900087356249
02/05/07--01010--004 **150.00

REINSTATEMENT

CR2E031 (12/05)

2. Principal Office Address	3. Mailing Office Address
611 CORPORATE CIRCLE	SAME
Suite, Apt. #, etc.: SUITE F	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: 4/22/2004

5. FEI Number: 75-3097988 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: CT CORPORATION SYSTEM

900087356249
02/05/07--01010--005 **900.00

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, do further with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: [signature] Date: 11/17/06

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
CP	MICHAEL KAST	611 CORPORATE CIRCLE SUITE F	GOLDEN, CO 80401
T	MARTIN HOUT	611 CORPORATE CIRCLE SUITE F	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: [signature] MARTIN HOUT, CFO - 11/17/06 - 303-278-7300

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