

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA DEPARTMENT OF STATE
F93000000028

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # F93000000028

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Mercury Technologies Corporation

44 ORINDA VIEW ROAD		3 GOLDMINE ROAD		4. Date Incorporated or Qualified To Do Business in Florida	1/5/93
ORINDA CA	FLANDERS, NJ	5. FEI Number	94-3030631	Applic For Not Applicable	
94563-1233	07836	CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	

Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City, State / Zip
PRES PATRICK J. PERKINS	44 ORINDA VIEW ROAD	ORINDA CA 94563
V-P IRA E. KAUFER	267 PASEO BARNAI	MORAGA CA 94556
V-P ROY FARMER, III	PO BOX 6 6 miles up DELMAGE ROAD Whitebird ID 83554	

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
Advanced ENVIRONMENTAL Recycling Corp. of Florida 4317 L Fortune Place WEST MELBOURNE, FL 32934	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code
Signature of Registered Agent	Date 3-3-99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

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)(i), 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: Patrick J. Perkins 2/18/98 510-284-2280
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date Daytime Phone #