PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 OCT 25 PM 5:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000003545**

1. Corporation Name

CARBONAIR ENVIRONMENTAL SYSTEMS, INC.

Principal Place of Business	Mailing Address
2731 NEVADA AVE NO NEW HOPE MN 55427-2664 US	2731 NEVADA NO NEW HOPE MN 55427-2664 US

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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 07/06/1994

5. FEI Number: 41-1457804 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
COOP	FITZGERALD, THOMAS M	2731 NEVADA AVENUE NORTH	NEW HOPE MN 55427
D	MUELLER, GERALD	2731 NEVADA AVE NO	NEW HOPE MN
D	~~FORD, ROBERT~~ Moorhead, John	2731 NEVADA AVE NO	NEW HOPE MN
D	HILL, ROBERT	2731 NEVADA AVE NO	NEW HOPE MN
~~CEO~~ D	CONLIN, DON	2731 NEVADA AVE NO	NEW HOPE MN
AST	OST, SHAROYL	2731 NEVADA AVE NO	NEW HOPE MN

LS

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State / Zip Code: FL

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-11/02/99--01090--017
*****750.00 *****750.00

CR2E040 (6/99)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Michele R. Justesen Date: 10/18/99
Michele R. Justesen REGISTERED AGENT MUST SIGN Assistant Secretary

11. 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: THOMAS M. FITZGERALD 10/13/99 612 512 4933
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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