PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| APPLICATION | | | | | | | |
|--------------|--|--|--|--|--|--|--|
| FOR | | | | | | | |
| REINSTATEMEN | | | | | | | |



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

F97000002721

1. Corporation Name

DOCUMENT #

FLOOR SEAL TECHNOLOGY, INC.

Principal Place of Business

Mailing Address

1005 AMES AVE

1005 AMES AVE

FILED

03 OCT 2! PM 1:08

| MILPITAS CA 95035 MILPITAS US US | | MILPITAS CA US | CA 95035 | | REMENTALEMENT DZ | | | |
|---|-----------------------------------|-------------------|--|-----------------------|---|-----------------------------|--|--|
| | are incorrect in any way, line th | rough incorrect i | nformation and enter | correction below. | | | The state of the s | |
| New Principal Office Address, If Applicable 3. New Maili | | | ing Office Address, If Applicable | | Date Incorporated or Qualified To Do Business in Florida 05/22/1997 | | | |
| Suite, Apt. #, etc. Suite, Apt. # | | , etc. | | 5. FEI Numbe | | | | |
| City & State - City & Sta | | City & State | e | | 04-2659920 | | Applied For Not Applicable | |
| Zip Country Zip | | Zip | Country | | 6. CERTIFICATE OF STATUS DESIRED for a Certificate of Statu | | Additional Fee required 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) Name of Officers and/or Directors | | | Street Address of Each Officer and/or Director | | | City / State / Zip | | |
| P CLYNI | CLYNE, WILLIAM R | | | 20288 BEAR CIRCLE RD. | | LOS GATOS CA 95033 | | |
| LOHB | LOHBECK, MARK | | | 986 GOODWIN DR | | 8AN JOSE CA 95228 | | |
| CEO- ANTH | CEO- ANTHONY, TOM | | | RUZ HWY | | LOS GATOS CA 95033 | | |
| | | | | | 70 10/21/ | 002398496 0301130017 **1 | 7 150.00 | |
| 8. Name and Address of Current Registered Agent | | | | | 9. Name and Address of New Registered Agent | | | |
| BLOSS, CHAF | LIE - NATIONAL DR., #206- | | Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. # Stc. City Lake and State Zip Code FL 33863 | | | | | |
| 10. I, being appoint Signature of Registered Agent _ | (SIGNA | Q. 4 | oration, am familiar wi | | | Date | | |

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 filling 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.



Nationwide Specialists in Concrete Vapor Emission Control

October 14, 2003

Florida Department of State Glenda E. Hood, Secretary of State PO Box 6327 Tallahassee, FL 32314-6327

To Whom It May Concern:

We just received the application for reinstatement of our corporation based on the failure to file the State of Florida 2003 corporation annual report/uniform business report form. I request that the reinstatement fee be waived as we never received the two prior UBR notices.

Sincerely,

William R. Clyne

President

Floor Seal Technology



122 34 7 12