PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2017 AUG 07 AM 8:16

DOCUMENT # P97000003265

1. Corporation Name
INDUSTRIAL FABRICS CORPORATION

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
7160 NORTHLAND CIRCLE	7160 NORTHLAND CIRCLE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MINNEAPOLIS, MN	City & State: MINNEAPOLIS, MN
Zip: 55428 Country: USA	Zip: 55428 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 06/23/1997

5. FEI Number: 25-1128448 (Applied For / Not Applicable)

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

7. Name and Address of Current Registered Agent

Name: C T Corporation System

Street Address (P.O. Box Numbers 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: James M. Halpin Assistant Secretary (REGISTERED AGENT MUST SIGN) Date: 08/07/2017

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City-/ State / Zip
	See attached		

REINSTATEMENT AUG 07 2017 R. HUNT

10. E-mail Address: _____ (To be used for future annual report notification)

11. I certify that I am an officer or director of the reorder or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that with 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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE: _____ Tim McCarty 8/7/17 630-968-1730
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

Name	Title	Address Line 1	City
Ball, David	Vice President	7160 Northland Circle	Minneapolis
Jordan, Richard D.	Director	7160 Northland Circle	Minneapolis
Jordan, Richard D.	Operations Manager	7160 Northland Circle	Minneapolis
Norwick, Ryan	Director	7160 Northland Circle	Minneapolis
Norwick, Ryan	Secretary	7160 Northland Circle	Minneapolis
McCarty, Tim	Director	7160 Northland Circle	Minneapolis
McCarty, Tim	President / CEO	7160 Northland Circle	Minneapolis
Udelhofen, John	Director	7160 Northland Circle	Minneapolis
Udelhofen, John	Vice President	7160 Northland Circle	Minneapolis
VanGetson, Aaron	Director	7160 Northland Circle	Minneapolis
VanGetson, Aaron	Vice President	7160 Northland Circle	Minneapolis

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R. HUNT

State	Zip
MN	55428
MN	55428
MN	55428
MN	55428
MN	55428
MN	55428
MN	55428
MN	55428
MN	55428
MN	55428
MN	55428

Florida Department of State

Division of Corporations

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Division of Corporations
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Phone : (614)280-3338
Fax Number : (954)208-0845

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CORPORATION REINSTATEMENT

INDUSTRIAL FABRICS CORPORATION

Certificate of Status	0
Certified Copy	0
Page Count	04
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