


1 OF 3

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

15 DEC 21 AM 0:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F99000006548

1. Corporation Name
HARVEST TECHNOLOGIES CORPORATION

2. Principal Office Address - No P.O. Box # 10811 W. Collins Avenue Suite, Apt. #, etc.		3. Mailing Office Address 10811 W. Collins Avenue Suite, Apt. #, etc.	
City & State Lakewood, CO		City & State Lakewood, CO	
Zip 80215	Country USA	Zip 80215	Country

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida
12-20-1999

5. FEI Number 04-3433159	Applied For Not Applicable
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6. CERTIFICATE OF STATUS DESIRED **\$8.75 Additional Fee required for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

Suite, Apt. #, Etc.

City
Tallahassee

State
FL

Zip Code
32301

100280304261

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 *M. Zender* **Melissa Zender** Date 12/21/15
REGISTERED AGENT MUST SIGN **Asst. Vice President**

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
	see attached		

10. E-mail Address: compliance@mail@cscinfo.com
(To be used for future annual report notification)

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., 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: *Scott Larson* **Scott Larson, Secretary** Date 11-5-2015 303-205-2814
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIR. DATE DAYTIME PHONE #

K. ASHTON

2013

Addendum: Name and street addresses of Officers and/or Directors of Harvest Technologies Corp.

As of January 1, 2015

<u>Name</u>	<u>Title</u>	<u>Address</u>
Dave Flaten	President and Director	10811 West Collins Avenue, Lakewood, CO 80215
Mark Bishop	Vice President	10811 West Collins Avenue, Lakewood, CO 80215
Troy Deppey	Vice President and Director	10811 West Collins Avenue, Lakewood, CO 80215
Rusty Spinney	Treasurer and Director	10811 West Collins Avenue, Lakewood, CO 80215
Scott Larson	Secretary	10811 West Collins Avenue, Lakewood, CO 80215
Scott Froehlich	Assistant Treasurer	10811 West Collins Avenue, Lakewood, CO 80215
Jason Abair	Assistant Secretary	10811 West Collins Avenue, Lakewood, CO 80215
John Merklng	Assistant Secretary	10811 West Collins Avenue, Lakewood, CO 80215
Erik Velapoldi	Assistant Secretary	10811 West Collins Avenue, Lakewood, CO 80215

* PLEASE FILE FIRST. THANKS! *

3 of 3

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 796679 7568280
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 900.00

ORDER DATE : September 24, 2015
ORDER TIME : 3:50 PM
ORDER NO. : 796679-015
CUSTOMER NO: 7568280

RECEIVED
DEPARTMENT OF STATE
15 DEC 21 PM 4:39
NON-INTERFERED
TO ADOPT/LEDGE
SUFFICIENCY OF FILING

REINSTATEMENT

NAME: HARVEST TECHNOLOGIES CORPORATION

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender - 62956

EXAMINER'S INITIALS _____