

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

15 DEC 21 AM 8:14

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.

City & State

Lakewood, CO

Zip

80215

Country

USA

3. Mailing Office Address

10811 W. Collins Avenue

Suite, Apt. #, etc.

City & State

Lakewood, CO

Zip

80215

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12-20-1999

5. FET Number

04-3433159

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (11/10)

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
REGISTERED AGENT MUST SIGN

Melissa Zender

Asst. Vice President

Date

12/21/15

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 Larsen

Scott Larsen, Secretary
11-5-2015

303-205-2814
Daytime Phone

K. ASHTON

20x3

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 Merkling	Assistant Secretary	10811 West Collins Avenue, Lakewood, CO 80215
Erik Velapoldi	Assistant Secretary	10811 West Collins Avenue, Lakewood, CO 80215

* PLEASE FILE FIRST.
THANKS! K

3053

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

ACCOUNT NO. : I20000000195

REFERENCE : 796679 7568280

AUTHORIZATION :

COST LIMIT : \$ 900.00

[Signature]

ORDER DATE : September 24, 2015

ORDER TIME : 3:50 PM

ORDER NO. : 796679-015

CUSTOMER NO: 7568280

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 _____

RECEIVED
DEPARTMENT OF STATE
15 DEC 21 PM 4:39
NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING