

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **H90526**

1. Corporation Name

**ADVANCED SEPARATION TECHNOLOGIES INCORPORATED**

Principal Place of Business

Mailing Address

5315 GREAT OAK DRIVE  
LAKELAND FL 33801-3180  
US

P.O. BOX 717  
PITTSBURGH PA 15230-0717  
US

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

2. New Principal Office Address, If Applicable

~~400 CALGON CARBON DR.~~

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State  
**PITTSBURGH PA**

City & State

Zip  
**15205**

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**12/18/1985**

5. FEI Number

**59-2638277**

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
PD	CEDERNA, JAMES A	122 GATE HOUSE DRIVE	MOON TWP PA 15108
VP	ROSSITER, GORDON J	<del>5315 GREAT OAK DRIVE</del> 5925 IMPERIAL PARKWAY	LAKELAND FL <del>33801</del> 33860
DVS	FISCHETTE, JOSEPH A	1524 ASHBURY LANE	<del>PITTSBURGH PA</del> PITTSBURGH, PA

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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

**SIGNATURE REQUIRED**  
LORAN DAVIS - ASST. SEC.

Date

**11/19/01**

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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #