PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

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

2007 APR 18 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000016374

1. Limited Liability Company's Name
Filtration Products LLC

2. Principal Office Address	**3.** Mailing Office Address
13799 Park Blvd. N. 106	13799 Park Blvd. N. 106
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Seminole, FL	City & State: Seminole, FL
Zip: 33776 Country: USA	Zip: 33776 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 6/28/2002

6. FEI Number: 01-0726660 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: BUSINESS FILINGS INCORPORATED

Street Address (P.O. Box Number is Not Acceptable): 660 EAST JEFFERSON STREET

Suite, Apt. #, Etc.:

City: TALLAHASSEE State: FL Zip Code: 32301

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: T. Co Date: 4/19/07
REGISTERED AGENT MUST SIGN Terese Coulthard Asst Secretary, Business Filings Incorporated

CR2E041 (9/01)

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Managing Member	Henk Eisinga	13799 Park blvd.n.106	Seminole, Florida 33776
		REINSTATEMENT 04-07	

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.408, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager: Date: 4-12-07 Daytime Phone #: 727-398-5436

Typed or printed name of signing Managing Member/Manager: Henk Eisinga

Florida Department of State

Division of Corporations
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : BUSINESS FILINGS
Account Number : 105256001620
Phone : (608)827-5300
Fax Number : (608)827-5501

LIMITED LIABILITY REINSTATEMENT

FILTRATION PRODUCTS LLC

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