

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 SEP 21 PM 12:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000005400

1. Corporation Name

Emissions Detection Technologies, Inc.

2. Principal Office Address - No P.O. Box #

2109 E. Palm Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

5050 Avenida Encinas

Suite, Apt. #, etc.

Suite 360

City & State

Tampa, FL

City & State

Carlsbad, CA

Zip

33605

Country

USA

Zip

92008

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

Jan. 1, 2006

5. FEI Number
20-4196264

☐ 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

Sam Reiber

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

2109 E. Palm Avenue

Suite, Apt. #, Etc.

City

Tampa, FL

State

FL

Zip Code

33605

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

REGISTERED AGENT MUST SIGN

Date

9/20/10

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
D	Erik Ulsteen	5050 Avenida Encinas, Ste. 360	Carlsbad, CA 92008
D	Benton Moore	5050 Avenida Encinas, Ste. 360	Carlsbad, CA 92008
D	Thor Johansen	5050 Avenida Encinas, Ste. 360	Carlsbad, CA 92008

10. E-mail Address: benton@epsaves.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., 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/1/2010

Date

760-931-1048

Daytime Phone #

ABIGAIL C. COLLINS, EXECUTIVE ASSISTANT TO ERIK ULSTEEN