PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 MAY -5 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P09241

1. Corporation Name

Low-Temp Insulations, Inc.

800155463048
05/05/09--01039--015 **1350.00
REINSTATEMENT 05-09

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
22631 N 18TH AVENUE		P O BOX 43168	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: PHOENIX		City & State: PHOENIX	
Zip: 85027	Country: USA	Zip: 85080	Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 02/25/1986

5. FEI Number: 47-0458416 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 S PINE ISLAND ROAD

Suite, Apt. #, Etc.:

City: PLANTATION | State: FL | Zip Code: 33324

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: [signature] Date: 4-27-09
REGISTERED AGENT MUST SIGN

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
PRES	ROBERT FOSTER	22631 N 18TH AVE	PHOENIX, AZ 85027
VP	DEAN BUTTERFIELD	22631 N 18TH AVENUE	PHOENIX, AZ 85027
SEC	TOM CAMPBELL	22631 N 18TH AVENUE	PHOENIX, AZ 85027
Treas	ROBERT FOSTER	22631 N 18TH AVE	PHOENIX, AZ 85027
DIR	ROBERT FOSTER	22631 N 18TH AVE	PHOENIX, AZ 85027
DIR	BRENDA FOSTER	22631 N 18TH AVE	PHOENIX, AZ 85027

10. 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 contained in Chapter 119, 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] CFO/SEC 4/28/9 623516 9100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

518