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APPROVED AND FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

05 APR 19 PM 3:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P24053

REINSTATEMENT 04-05

500051241645

MRS

1. Corporation Name
Gelman Sciences Inc.

2. Principal Office Address		**3.** Mailing Office Address	
600 South Wagner Road		600 South Wagner Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Ann Arbor, MI		Ann Arbor, MI	
Zip	Country	Zip	Country
48103-9019	U.S.A.	48103-9019	U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida 4/25/1989

5. FEI Number 36-1614806 ☐ 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
CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable)
1201 HAYS STREET

Suite, Apt. #, Etc.

City	State	Zip Code
TALLAHASSEE	FL	32301-2525

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 Deborah D. Skipper Deborah D. Skipper Asst. V. Pres. Date 4/19/2005
REGISTERED AGENT MUST SIGN

CR2E061 (01/04)

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	Eric Krasnoff	2200 Northern Blvd.	East Hills, NY 11548
D/T	Marcus Wilson	2200 Northern Blvd.	East Hills, NY 11548
D/S	Mary Ann Bartlett	2200 Northern Blvd.	East Hills, NY 11548
P	Gregory Scheessele	600 South Wagner Road	Ann Arbor, MI 48103

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 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: Mary Ann Bartlett 4-13-2005 516-484-5400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CORPORATION SERVICE COMPANY

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ACCOUNT NO. : 072100000032

REFERENCE : 320980 4380050

AUTHORIZATION : Patricia Pajuto

COST LIMIT : $ 900.00

ORDER DATE : April 18, 2005

ORDER TIME : 10:11 AM

ORDER NO. : 320980-025

CUSTOMER NO: 4380050

CUSTOMER: Mr. Gregory Rodriguez
Pall Corporation
2200 Northern Blvd

East Hills, NY 11548

REINSTATEMENT

NAME: GELMAN SCIENCES INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward

EXAMINER'S INITIALS _____