

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR **REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1998 APR -2 PM 12:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P32970

1. Corporation Name
FILTER SUPPLY AMERICA, INC.

Principal Place of Business Mailing Address
225 CANNON CT. E.
PONTE VEDRA, FL 32082

600002480816-- 8
-04/07/98--01038--007
***1350.00 ***1350.00

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

2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
		P.O. Box 85		2/27/91	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number	
				59-3290364	
City & State		City & State		Applied For	
		JACKSONVILLE, FL		Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
32201		32201			

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
C	CHRISTOPHER H. SMITH	225 CANNON CT. E	PONTE VEDRA, FL 32082

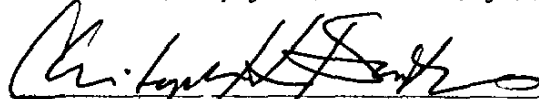
REINSTATEMENT

4/98
7/8/98
4/12/98

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
PRENTIS-HALL 110 N. MAGNOLIA ST TALLAHASSEE, FL 32301		Name CHRISTOPHER H. SMITH Street Address (P.O. Box Number is Not Acceptable) 225 CANNON CT E Suite, Apt. #, Etc. City PONTE VEDRA State FL Zip Code 32082	
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.		Date 3/12/95	
Signature of Registered Agent		REGISTERED AGENT MUST SIGN	

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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:  3/12/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2040 (12/96)