

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED  
AND  
FILED

APPLICATION FOR **REINSTATEMENT**  
 FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

1998 APR -2 PM 12:10

DOCUMENT # P32970

1. Corporation Name  
 FILTER SUPPLY AMERICA, INC.

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
 225 CANYON 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	
Suite, Apt. #, etc.		P.O. Box 85		2/27/91	
City & State		City & State		5. FEI Number	
Zip		Zip		59-3290364	
Country		Country		Applied For	
JACKSONVILLE, FL		JACKSONVILLE, FL		Not Applicable	
32201		32201		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$8.75 Additional Fee required for a Certificate of Status	

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 CANYON CT. E	PONTE VEDRA, FL 32082

**REINSTATEMENT**

04-98  
 7/18/98  
 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 CANYON 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.  
 Signature of Registered Agent: *Christopher H. Smith*  
 REGISTERED AGENT MUST SIGN  
 Date: 3/12/98

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: *Christopher H. Smith*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: 3/12/98  
 Daytime Phone #

CR2E040 (12/96)