PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION **FOR** REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT

1. Corporation Name

Zedtec Combustion Systems, Inc.

Principal Place of Business

Mailing Address

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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If above a	addresses are incorrect in	any way, line throu	igh incorrect ii	nformation and enter	correction below.	JE HAM	B NO A PROVICE	0000	*
	incipal Office Address, If A	4-1				Date Incorporated or Qualified			10
			ads Commons		To Do Bus	iness in Florida	/01/95	1	
Suite, Apt. #, etc. Suite 203 Suite 2					5. FEI Number Applied For			Applied For	
City & State City & State					1 • • • • • • • • • • • • • • • • • • •			 	
			McMurra			- 6.	7206		Not Applicable
Zip 15317	Country		Ζ _{ip} 15317	Countr	·y		E OF STATUS DESIRED		tional Fee required tificate of Status
7. Names	and Street Addresses of 8	Each Officer and/or	Director (Flo	rida nonprofit corpora	ations must list at lea	ast 3 directors)			
Title(s)	Name of Officers			Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)			City / State / Z _I p		
P, D	John Victor Laming			Bedford Mount, Bolsterstone			Sheffield,	S36 3ST,	England
T, D	John Proctor Lomas			92B Ranmoor Road, Ranmoor			Sheffield,	\$10 3HJ,	England
<u>D</u>	Thomas Michael O'Brien			7 Den Bank Avenue			Sheffield,	S10 5NZ,	England
S D_	Richard Patrick McQuinn			56 Tapton Bank			Sheffield,	S10 :5GH,	England
						S S	100031 -02/01/0		
							****900	.00 ***	900.00
			·						LS
	8. Name and Addr	ess of Current Re	gistered Age	<u>nt</u>	Name	9. Name and	Address of New Regi	stered Agent	
					CT Corpor	ation Sys	stem		186/217
					Street Address (P.O. Box Number is Not Acceptable)				
_	-				1200 S. Pine Island Road				
					Suite, Apt. #, Etc.				0
					City Plantatio			State Zip C	
10. I, being	appointed the registered	agent of the above	named corpo	ration, am familiar wi	th and accept the ob	oligations of Sect	ion 607.0505, F.S.	 	724
Signature o Registered		K. Past		Ast. Se ENT MUST SIGN	uy		Date 9-23	1-99	
11 TL	io corporation								
	is corporation of angible Person		-		Yes	□ No 🗵	(See o	other side for info on intangible tax	
this rein: owed by	that I am an officer or dire statement application, the the corporation have bee application is true and acci	reason for dissolut on paid and the nam	ion has been nes of individu	eliminated, the corpo als listed on this form	rate name satisfies in do not quality for a	the requirements an exemption uni	of section 607.0401 o	r 617.0401, F.S.), F.S. The infor	that all fees
								uk-	
SIGNAT	URE: \	<u></u>	<u> </u>	s.P. Lorens			15-12-99	114-2	632807
-	SIGNATURE AN	D TYPED OR PRINTE	ED NAME OF S	GNING OFFICER OR D	RECTOR		Date	Daytime Pho	ne #