PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1091

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAR -4 AM 10:15

REINSTATEMENT 02-04

DOCUMENT # P96000010364

1. Corporation Name
Catadyne Corporation

800029884518
03/01/04--01031--025 **493.75

2. Principal Office Address	**3.** Mailing Office Address
17 Horner St.	17 Horner St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Warrenton, VA	City & State: Warrenton, VA
Zip: 20186 Country: USA	Zip: 20186 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 2/1/96

5. FEI Number: 113071481 ☐ 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: Florida Incorporating and Registered Agents, Inc.
Street Address (P.O. Box Number is Not Acceptable): 122 West Hillcrest Street
Suite, Apt. #, Etc.:
City: Altamonte Springs State: FL Zip Code: 32714

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: See Signature Attached Date:
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
Director D	Joseph Meuse	17 Horner St.	Warrenton, VA 20186

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: 2/27/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2 of 2

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
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