PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT** 01/07

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 MAR 13 AM 10:32

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DOCUMENT # P97000026923

**1.** Corporation Name
HYDROGEN TECHNOLOGY APPLICATIONS, INC.
1421 GULF TO BAY BLVD.
CLEARWATER, FL 33755-5312

| **2.** Principal Office Address | **3.** Mailing Office Address |
|---|---|
| SAME AS ABOVE | SAME AS ABOVE |
| Suite, Apt. #, etc. N/A | Suite, Apt. #, etc. N/A |
| City & State SAME AS ABOVE | City & State SAME AS ABOVE |
| Zip / Country | Zip / Country |

**4.** Date Incorporated or Qualified To Do Business in Florida 3/20/97

**5.** FEI Number 59-3463606 ☐ 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: PETER DOMINICI
Street Address (P.O. Box Number is Not Acceptable): 1421 GULF TO BAY BLVD
Suite, Apt. #, Etc.:
City: CLEARWATER | State: FL | Zip Code: 33755-5312

**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 _____ Date 2/5/02
REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

**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/P | DONALD J. KLEIN | 66 PELICAN PLACE BELLEAIR, FLORIDA 33756 | BELLEAIR, FL 33756 |
| D/VP | PETER DOMINICI | 201 W. DAVIS BLVD | TAMPA, FL 33606 |
| D/VP | JOHN ASHRAB | 3000 ARBOR OAKS DRIVE | TARPON SPRINGS, FL 34689 |
| D/VP | HAROLD A. KLEIN | 1220 MADISON AVE, #7 | TOLEDO, OHIO 43624 |
| | | | |
| | | | |

**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:** _____ 2/5/02 (727) 449-2243
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #