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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

CORPORATION REINSTATEMENT

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

DOCUMENT # P97000041940

1. Corporation Name

INCLUSION TECHNOLOGIES, INC.

REINSTATEMENT 04 MRS

2. Principal Office Address		3. Mailing Office Address	
660 Newport Center Drive		660 Newport Center Drive	
Suite, Apt #, etc. Suite 500		Suite, Apt. #, etc. Suite 500	
City & State: Newport Beach	California	City & State: Newport Beach	California
Zip: 92620	Country: USA	Zip: 92620	Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: May 8, 1997

5. FEI Number: 59-3442557 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ [redacted]

7. Name and Address of Current Registered Agent

Name: CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable): 1200 S. Pine Island Road

Suite, Apt. #, Etc.

City: Plantation State: FL Zip Code: 33324

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, FS.

Signature of Registered Agent: [signature] REGISTERED AGENT MUST SIGN Michael J. Mitchell Assistant Secretary Date: 11/5/04

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip		
D,P,T	Charles M. Davis	660 Newport Center Dr., Ste. 500	Newport Beach	CA	92620
D,S	Charles W. Bennington	660 Newport Center Dr., Ste. 500	Newport Beach	CA	92620
D	Robert Laube	660 Newport Center Dr., Ste. 500	Newport Beach	CA	92620

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 owners 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: [signature] Pres 11/3/2004 949-760-9801
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FL011 - 08/17/01 C T System Online

TOTAL P.02

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Florida Department of State
Division of Corporations
Public Access System

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CORPORATION REINSTATEMENT

INCLUSION TECHNOLOGIES, INC.

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