

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<p><b>APPLICATION FOR REINSTATEMENT</b></p> <p style="text-align: center;"> <b>FLORIDA DEPARTMENT OF STATE</b> DIVISION OF CORPORATIONS</p> <p><b>DOCUMENT #</b> S 40853</p> <p>1. Corporation Name <u>Cool Mist Sprinklers, Inc.</u></p> <p style="text-align: center;"><u>Qul 1997 Annual Report</u></p> <p>Mailing Address <u>2736 N. Andrews Ave #120 Fort Lauderdale, Fl 33311</u></p> <p>Principal Place of Business <u>2736 N. Andrews Ave #120 Fort Lauderdale, Fl 33311</u></p> <p><small>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</small></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">2. New Mailing Address, If Applicable</td> <td style="width: 50%;">3. New Principal Office Address, If Applicable</td> </tr> <tr> <td>Suite, Apt. #, etc.</td> <td>Suite, Apt. #, etc.</td> </tr> <tr> <td>City &amp; State</td> <td>City &amp; State</td> </tr> <tr> <td>Zip</td> <td>Country</td> </tr> </table> <p>7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">1</th> <th style="width: 30%;">2</th> <th style="width: 30%;">3</th> <th style="width: 30%;">4</th> </tr> <tr> <th>Title(s)</th> <th>Name of Officers and/or Directors</th> <th>Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)</th> <th>Date of Birth (MM/DD/YY) and Social Security Number (Last 4 digits)</th> </tr> </thead> <tbody> <tr> <td>P</td> <td>Rex C. Gillenwater</td> <td>2736 N. Andrews Ave #120 Fort Lauderdale, Fl 33311</td> <td>-02/12/97-01082-006 ****375.00 ****375.00</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>		2. New Mailing Address, If Applicable	3. New Principal Office Address, If Applicable	Suite, Apt. #, etc.	Suite, Apt. #, etc.	City & State	City & State	Zip	Country	1	2	3	4	Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	Date of Birth (MM/DD/YY) and Social Security Number (Last 4 digits)	P	Rex C. Gillenwater	2736 N. Andrews Ave #120 Fort Lauderdale, Fl 33311	-02/12/97-01082-006 ****375.00 ****375.00																					<p style="text-align: center;"><b>APPROVED AND FILED</b></p> <p style="text-align: center;">97 FEB 10 PM 2:29</p> <p style="text-align: center;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</p> <p style="text-align: center;">DO NOT WRITE IN THIS SPACE</p> <p>4. Date Incorporated or Qualified To Do Business in Florida <u>3/25/91</u></p> <p>5. FEI Number <u>65-0259483</u></p> <p>6. <input type="checkbox"/> CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status</p> <p style="text-align: right;">300002085583--6 -02/12/97-01082-006 ****375.00 ****375.00</p>
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<p>8. Name and Address of Current Registered Agent</p> <p><u>Rex C. Gillenwater</u> <u>2736 N. Andrews Ave #120</u> <u>Fort Lauderdale, Fl 33311</u></p>		<p>9. Name and Address of New Registered Agent</p> <p>Name _____</p> <p>Street Address (P.O. Box Number is Not Acceptable) <u>300002085583--6</u></p> <p>Suite, Apt. #, Etc. <u>-02/12/97-01082-007</u> <u>****165.00 ****165.00</u></p> <p>City _____ State <u>FL</u> Zip Code _____</p>																																								
<p>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.</p> <p>Signature of Registered Agent <u>Rex C. Gillenwater</u> Date <u>1/30/97</u></p> <p style="text-align: center;">REGISTERED AGENT MUST SIGN</p>																																										
<p>11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box <input type="checkbox"/> (See other side for additional information.)</p>																																										
<p>12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)</p>																																										
<p>13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.</p> <p>SIGNATURE: <u>Rex C. Gillenwater</u> Date <u>01-25-96</u> Telephone <u>954-938-1112</u></p>																																										

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