


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
09 JUL 31 PM 1:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REINSTATEMENT 82-09

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F14289
1. Corporation Name
Cros-ible Filtration Inc.

2. Principal Office Address - No P.O. Box # 2834 Nunnery Road		3. Mailing Office Address P.O. Box 745	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Skaneateles, NY		City & State Skaneateles, NY	
Zip 13152	Country US	Zip 13152	Country US

4. Date Incorporated or Qualified To Do Business in Florida 1/12/1981

5. FEI Number 16-1175916 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
Corporation Service Company


Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

Suite, Apt. #, Etc.

City TALLAHASSEE State FL Zip Code 32301

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

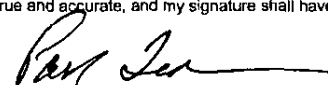
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent  REGISTERED AGENT MUST SIGN Matthew Young as its agent Date 7/28/09

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
P/D	Joseph Carbone	2834 Nunnery Road	Skaneateles, NY 13152
V/D	Paul Tedesco	1300 Duxbury Court	Arlington, TX 76015

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 filling 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 contained in Chapter 119, 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:  Paul Tedesco Date 7/28/2009 Daytime Phone # 817-860-7314

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR