PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING



05 APR 19 PM 3-25

CORPORATION REINSTATEMENT			FLORIDA DEPAR Secretar DIVISION OF C	SECRETARY OF STATE TALLAHASSEE, FLORIDA						
1. Corpora		「# P19397 ion and Separat	ions Group Inc		REIN	STA	TEMEN	MC	13-C	() 同
			3. Mailing Office Addre	Office Address		000	005124	151	o mi	4
City & State City & Sta			Suite, Apt. #, etc. City & State Timonium, MD	e 5		 er	Qualified orida 05/26/198	Applie	ed For	
Zip 21093	Country		Zip 21093	Country U.S.A.	6. \$8.75 Additio				Applicable ee required 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 Zip Code 32301-2525									
8. I, being Signature o Registered	· \(\lambda \)	registered agent of the above the above the second of the	ve named corporation, am	Deborah	obligations of section D. Skippe		05 or 617.0503, F.S. 4//9/	2005	O) CR2E081 (01/04)	
9. Names	and Street A	ddresses of Each Officer and	Vor Director (Florida nonpro	ofit corporations must list at	least 3 directors)					
Titles		Name of Street Address of Eac Officers and/or Directors Officer and/or Director				Each City / State / Zip				
D	Eric Krasnoff 2200 Northern Blv			Northern Blvd.	East Hills, NY 11548					

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	Eric Krasnoff	2200 Northern Blvd.	East Hills, NY 11548			
D/P/T	Marcus Wilson	2200 Northern Blvd.	East Hills, NY 11548			
D	Steven Chisolm	2200 Northern Blvd.	East Hills, NY 11548			
D	Donald Stevens	2200 Northern Blvd.	East Hills, NY 11548			
V/AT	Anthony Shiflett	2118 Greenspring Drive	Timonium, MD 21093			
S	Mary Ann Bartlett	2200 Northern Blvd.	East Hills, NY 11548			

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 reinstalement 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 accurage, and my signature shall have the same legal effect as if made under oath.

S				

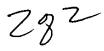
Mary Ann Bartlett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-2005

516-484-5400

Date

Daytime Phone #





ACCOUNT NO. : 072100000032

REFERENCE : 320980 4380050

AUTHORIZATION : Total

COST LIMIT : \$ 1050.00

ORDER DATE : April 18, 2005

ORDER TIME : 10:10 AM

ORDER NO. : 320980-015

CUSTOMER NO: 4380050

CUSTOMER: Mr. Gregory Rodriguez

Pall Corporation 2200 Northern Blvd

East Hills, NY 11548

REINSTATEMENT

NAME: PALL FILTRATION AND SEPERATIONS GROUP INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward

EXAMINER'S INITIALS _____