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APPROVED
AND
FILED

05 APR 19 PM 3:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P24053

1. Corporation Name
Gelman Sciences Inc.

REINSTATEMENT 04-05

500051241645

MRD

2. Principal Office Address 600 South Wagner Road Suite, Apt. #, etc.		3. Mailing Office Address 600 South Wagner Road Suite, Apt. #, etc.	
City & State Ann Arbor, MI		City & State Ann Arbor, MI	
Zip 48103-9019	Country U.S.A.	Zip 48103-9019	Country U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida 4/25/1989	
5. FEI Number 36-1614806	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 32301-2525

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 Deborah D. Skipper **Deborah D. Skipper** Date 4/19/2005
REGISTERED AGENT MUST SIGN **Asst. V. Pres.**

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/T	Marcus Wilson	2200 Northern Blvd.	East Hills, NY 11548
D/S	Mary Ann Bartlett	2200 Northern Blvd.	East Hills, NY 11548
P	Gregory Scheessele	600 South Wagner Road	Ann Arbor, MI 48103

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: Mary Ann Bartlett **Mary Ann Bartlett** **4-13-2005** **516-484-5400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR25081 (01/04)



CORPORATION SERVICE COMPANY

297

ACCOUNT NO. : 072100000032

REFERENCE : 320980 4380050

AUTHORIZATION :

Patricia Pigato

COST LIMIT : \$ 900.00

ORDER DATE : April 18, 2005

ORDER TIME : 10:11 AM

ORDER NO. : 320980-025

CUSTOMER NO: 4380050

CUSTOMER: Mr. Gregory Rodriguez
Pall Corporation
2200 Northern Blvd
East Hills, NY 11548

03 APR 19 PM 1:03
TALLAHASSEE, FLORIDA

REINSTATEMENT

NAME: GELMAN SCIENCES 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 _____