2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 327660

1. Entity Name
ARTESYN TECHNOLOGIES, INC.

FILED
09 MAR 25 AM 11:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 08-09

Principal Place of Business	Mailing Address
5810 VAN ALLEN WAY CARLSBAD, CA 92008	5810 VAN ALLEN WAY CARLSBAD, CA 92008

10292008 REIN-P CR2E098 (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number
59-1205269
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM C/O C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

X SIGNATURE: Madonna Cuddihy — Special Assistant Secretary — 2-10-09
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent must sign.) DATE

FILE NOW!!! FEE IS $750.00
After January 1, 2009, Fee will be $900.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D&P ROSENAST, THOMAS 5810 VAN ALLEN WAY CARLSBAD, CA 92008	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 200138000552 11/17/08--01049--022 **1500.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D&S SUNG, RICHARD 5810 VAN ALLEN WAY CARLSBAD, CA 92008	☐ Delete 3/26	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP LAMBOLEY, HAROLD 5810 VAN ALLEN WAY CARLSBAD, CA 92008	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 200138000552 03/26/09--01007--007 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AT MOON, DAVID 5810 VAN ALLEN WAY CARLSBAD, CA 92008	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T RABE, DAVID 5810 VAN ALLEN WAY CARLSBAD, CA 92008	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS WESTMAN, TIMOTHY 5810 VAN ALLEN WAY CARLSBAD, CA 92008	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #