


FILED  
Nov 13, 2001 8:00 A.M.  
Secretary of State

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

|  |                                   |   |                          |  |  |
|--|-----------------------------------|---|--------------------------|--|--|
| <b>CORPORATION<br/>REINSTATEMENT</b>   |                                   |  |                          | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |  |
| DOCUMENT # <u>819035</u>   |                                   |   |                          |  |  |
| 1. Corporation Name <u>Wyle Electronics, Inc.</u>  |                                   |   |                          |  |  |
| 2. Principal Office Address<br><u>15730 Baranca Parkway</u><br>Suite, Apt. #, etc.   |                                   | 3. Mailing Office Address<br>Suite, Apt. #, etc.                                  |                          |  |  |
| City & State<br><u>Irvine, California</u>  |                                   | City & State  |                          |  |  |
| Zip<br><u>92618-2215</u>   | Country                           | Zip   | Country                  | 4. Date Incorporated or Qualified<br>To Do Business in Florida <u>December 9, 1953</u>                   |  |
| 5. FEI Number<br><u>95-1779998</u>   |                                   |   |                          | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>  |                                   |   |                          |  |  |
| 7. Name and Address of Current Registered Agent  |                                   |   |                          |  |  |
| Name<br><u>CT Corporation System</u>   |                                   |   |                          |  |  |
| Street Address (P.O. Box Number is Not Acceptable)<br><u>1200 S. Pine Island Road</u>  |                                   |   |                          |  |  |
| Suite, Apt. #, Etc.  |                                   |   |                          |  |  |
| City<br><u>Plantation</u>  |                                   | State<br><u>FL</u>  | Zip Code<br><u>33324</u> | 400004690704--0<br>11/21/01--01043--003<br>****750.00 ****750.00   |  |
| 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 <u>Connie Bryan</u> Date <u>11-13-01</u><br>REGISTERED AGENT MUST SIGN <u>Connie Bryan, Special Asst. Secy.</u>  |                                   |   |                          |  |  |
| 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   |  |
| Dir.   | <u>Francis M. Scricco</u>         | <u>25 Hub Drive</u>   |                          | <u>Melville, NY 11747</u>  |  |
| Dir.   | <u>Robert E. Klatell</u>          | <u>25 Hub Drive</u>   |                          | <u>Melville, NY 11747</u>  |  |
|  |                                   |   |                          |  |  |
|  |                                   |   |                          |  |  |
|  |                                   |   |                          |  |  |
| 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)(f), 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: <u>Robert E. Klatell</u> Date <u>11/7/01</u> Daytime Phone # <u>516-391-1441</u>  |                                   |   |                          |  |  |

CT CORPORATION SYSTEM

CORPORATION(S) NAME

Wyle Electronics, Inc.

0

|  |   |   |
|--|---|---|
| <input type="checkbox"/> Profit              | <input type="checkbox"/> Amendment                | <input type="checkbox"/> Merger             |
| <input type="checkbox"/> Nonprofit           |   |   |
| <input type="checkbox"/> Foreign             | <input type="checkbox"/> Dissolution/Withdrawal   | <input type="checkbox"/> Mark               |
|  | <input checked="" type="checkbox"/> Reinstatement |   |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report            | <input type="checkbox"/> Other              |
| <input type="checkbox"/> LLC                 | <input type="checkbox"/> Name Registration        | <input type="checkbox"/> Change of RA       |
|  | <input type="checkbox"/> Fictitious Name          | <input type="checkbox"/> UCC                |
| <input type="checkbox"/> Certified Copy      | <input type="checkbox"/> Photocopies              | <input type="checkbox"/> CUS                |
| <input type="checkbox"/> Call When Ready     | <input type="checkbox"/> Call If Problem          | <input type="checkbox"/> After 4:30         |
| <input checked="" type="checkbox"/> Walk In  | <input type="checkbox"/> Will Wait                | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out            |   |   |

Name \_\_\_\_\_ 11/12/01 Order#: 3832904

Availability \_\_\_\_\_

Document \_\_\_\_\_

Examiner \_\_\_\_\_ Ref#: \_\_\_\_\_

Updater \_\_\_\_\_

Verifier \_\_\_\_\_

W.P. Verifier \_\_\_\_\_ Amount: \$ \_\_\_\_\_

660 East Jefferson Street  
Tallahassee, FL 32301  
Tel. 850 222 1092  
Fax 850 222 7615

*[Signature]*

RECEIVED  
NOV 13 AM 8:08  
TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATIONS  
DEPARTMENT OF STATE