

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 DEC -2 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **834150**

1. Corporation Name
SIEMENS WESTINGHOUSE POWER SYSTEMS COMPANY

Principal Place of Business Mailing Address
ORLANDO FL 32825



000002702360--5
-12/03/98-01038-005

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 4400 Alafaya Trail Suite, Apt. #, etc. ATTN: Law Dept City & State Orlando FL Zip 32825 Country USA	3. New Mailing Office Address, If Applicable 4400 Alafaya Trail Suite, Apt. #, etc. ATTN: Law Dept City & State Orlando FL Zip 32825 Country USA
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4. Date Incorporated or To Do Business in Florida 04/10/1975	5. FEI Number 25-1181883	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
VD	Costa, MD	4400 Alafaya Trail	Orlando FL
	Zike, HW	4400 Alafaya Trail	Orlando FL
	Brown, SM	4400 Alafaya Trail	Orlando FL
D	Gillespie, MP	4400 Alafaya Trail	Orlando FL
P	STEINEBRONN, K.A.	4400 ALAFAYA TRAIL	ORLANDO FL
D	Weeks, CA	4400 Alafaya Trail	Orlando FL

8. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent
Name
REINSTATEMENT
Suite, Apt. #, Etc.
City
FL State Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
Signature of Registered Agent **CONNIE BRYAN ED** Date **12/2/98**
REGISTERED AGENT MUST SIGN SPECIAL ASSISTANT SECRETARY

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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: **S.M. Brown, Secretary**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/30/98 407-281-3331
Date Daytime Phone #

CR-2040 (9/98)