PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION Katherine Harris FOR** FILED Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 00 NOV -3 AMII: 33 850643 DOCUMENT # SECRETARY OF STATE TALLAHASSEE. FLORIDA 1. Corporation Name MOTOR POWER INDUSTRIES CORPORATION Mailing Address Principal Place of Business 8220 H PRESTON COURT 8230 H PRESTON COURT JESSUP MO-20794 JESSUP-MD-20704 -If above addresses are incorrect in any way, line through incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable New Principal Office Address, If Applicable 4. Date Incorporated or Qualified 6920 6920 To Do Business in Florida 10/08/1981 Suite, Apt. #, etc. Suite, Apt. #, etc. -5.-FEI Number Applied For 52-1954136 City & State City & State Not Applicable 6. \$8.75 Additional Fee required for a Certificate of Status Country Zip CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each City / State / Zip Title(s) and/or Directors Officer and/or Director JESSUP-MD 8290-H-PRESTON-COURT P MACDONALD, GEORGE E. Bathman MD 21244 6920Tudsboo GAPE CANAVERAL FL-BROOKS, KIRBY V., JR: 677 GEORGE KING BLVD 500003480935 -11/30/00--01023--025 henstatenen 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent BROOKS, KIRBY V., JR. ess (P.O. Box Number is Not Acceptable) 1525 HILLTOP LANE ave Misbet Drive MERRITT ISLAND FL 32952 Zip Code <u>anaveral</u> ration, am familiar with and accept the obligations of Section 607.0505, F.S 10. I, being appointed the registered agent of the above Signature of Registered Agent REGISTERED AGENT MUST SIGN r 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 11. I certify that I am ar 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 cath. SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

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