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15 JUL 21 AM 8:16

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E081 (11/10)

DOCUMENT # F03000006470

1. Corporation Name

WITRON INTEGRATED LOGISTICS, INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3721 Ventura Drive	3721 Ventura Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite 140	Suite 140
City & State	City & State
Arlington Heights, IL	Arlington Heights, IL
Zip / Country	Zip / Country
60004 US	60004 US

4. Date Incorporated or Qualified To Do Business In Florida
12/31/2003

5. FEI Number
77-0393714
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED $5.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, etc.

City / State / Zip Code
Plantation FL 33324

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 Ternell Kearney Asst. Secretary Date 7/20/15

REGISTERED AGENT MUST SIGN

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
P/T/S	Karl Hoegen	3721 Ventura Drive	Arlington Heights, IL 60004
D	Walter Winkler	Neustaedter Strasse 22	Parkstein, Germany D-92711
D	Hildegard Winkler	Neustaedter Strasse 22	Parkstein, Germany D-92711

10. E-mail Address: atreschen@witron.de
(To be used for future annual report notification)

11. I certify that I am an officer or director of the corporation 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: KARL HOEGEN 07/14/2015 847-385-6000

SIGNATURE AND TITLE OF CHAIRMAN, PRESIDENT OR OTHER OFFICER OR DIRECTOR — Date — Daytime Phone #

FLD10 - 05/17/2013 Wolters Kluwer Online

K. ASHTON

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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CORPORATION REINSTATEMENT
WITRON INTEGRATED LOGISTICS, INC.

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