


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> F93000003181			
<b>1. Corporation Name</b> Bowe Systec, Inc.			
<b>2. Principal Office Address</b> 760 S. Wolf Rd.  Suite, Apt. #, etc.		<b>3. Mailing Office Address</b> 760 S. Wolf Rd.  Suite, Apt. #, etc.	
<b>City &amp; State</b> Wheeling, IL		<b>City &amp; State</b> Wheeling, IL	
<b>Zip</b> 60090	<b>Country</b> USA	<b>Zip</b> 60090	<b>Country</b> USA
		<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 07/09/1993	
		<b>5. FEI Number</b> 11-2511423	<b>Applied For</b> Not Applicable
		<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	
<b>7. Name and Address of Current Registered Agent</b>			
<b>Name</b> Corporation Service Company			
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 1201 Hays Street			
<b>Suite, Apt. #, Etc.</b>			
<b>City</b> Tallahassee		<b>State</b> FL	<b>Zip Code</b> 32301
<b>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.</b> <div style="display: flex; justify-content: space-between;"><div><b>Signature of Registered Agent</b> <u>Cynthia L. Harris</u></div><div><b>Cynthia L. Harris</b> as its agent</div><div><b>Date</b> <u>7/8/05</u></div></div> <p style="text-align: center;">REGISTERED AGENT MUST SIGN</p>			
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>			
<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>
P	Lombard, John	3501 B Tri-Center Blvd	Durham, NC 27713
VP	Werner, Thomas E.	760 S. Wolf Rd.	Wheeling, IL 60090
S/T/D	Manetti, Louis	760 S. Wolf Rd.	Wheeling, IL 60090
AS	Eaddy, H. Blake	760 S. Wolf Rd.	Wheeling, IL 60090
D	Gerckens, Dr. Claus	760 S. Wolf Rd.	Wheeling, IL 60090
<b>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)(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.</b>			
<b>SIGNATURE:</b> <u>Thomas E. Werner</u>		<b>(847) 675-7600</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>

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REINSTATEMENT

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