

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUN -4 AM 10:36

DOCUMENT # F 9400005901

1. Philips Electronics North America Corp.
Tax Department
200 Franklin Square Drive
Somerset, NJ 08875

2. Principal Office Address - No P.O. Box #

3. Mailing Office Address

Suite, Apt. #, etc.

Philips Electronics North America Corp.
Tax Department
200 Franklin Square Drive
Somerset, NJ 08875

City & State

Zip

Country

Zip

Country

500130724965
06/04/08--01015--009 **750.00
CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box)

Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301

Suite, Apt. #, Etc.

City

Zip Code

FL

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

REGISTERED AGENT MUST SIGN

Date

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.	Pamela L. Dunlap	3000 Minuteman Rd.	Andover, MA 01810
Pres.	Paul Zeven	1251 Ave. of Americas	New York, NY 10020
VP	Robert N. Smith	200 Franklin Sq. Drive.	Somerset, NJ 08875

TS 6/6/08 AR

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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert N. Smith

Date

Daytime Phone #

5/26/08 732-543-3000