

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <i>P 9600000 6129</i>		FILED 99 MAR 29 PM 1:42 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Corporation Name <i>Gerber Systems Corporation</i>			
Principal Place of Business <i>30 Satellite Rd. S. Windsor, CT 06071</i>		Mailing Address <i>3240 Town Point Drive Kennesaw, GA 30144</i>	
If above addresses are incorrect in any way, line through incorrect information and enter correction below			
2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida <i>11/22/96</i>		Applied For Not Applicable	
5. FEI Number <i>06-0916898</i>		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
<i>P/D</i>	<i>Dany Claeys</i>	<i>3240 Town Point Drive</i>	<i>Kennesaw, GA 30144</i>
<i>T/S</i>	<i>Antan Van Petegem</i>	<i>Pres. Kennedy park 35</i>	<i>B-8500 Kortrijk Belgium</i>
<i>Asst T/S</i>	<i>Yannick J. Roger Post</i>	<i>3240 Town Point Drive</i>	<i>Kennesaw, GA 30144</i>
<i>D</i>	<i>Bruno Pairen</i>	<i>Pres. Kennedy park 35</i>	<i>B-8500 Kortrijk Belgium</i>
400002831554-3 -04/07/99-01006-013 ****900.00 ****900.00			
8. Name and Address of Current Registered Agent <i>CT Corporation System 1200 South Pine Island Road Plantation, FL 33324</i>		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State <i>FL</i> 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 <i>[Signature]</i> REGISTERED AGENT MUST SIGN Date <i>March 23, 1999</i>			
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (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)(j), 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: <i>Yannick J. Roger Post</i> 3/17/99 (720) 218-3220 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			