PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT			FLORIDA DEPARTMENT OF STATE Secretary of State Division of corporations			FILED 05 MAR -9 PM 1:19									
DOCUMENT # C 37/28 1. Corporation Name Sansy Electronics, Inc.								S.	ECRL LLAR	(AR 7 ASSI	OF 31 E.FL0	ATE ORIDA			
•	d Office Address			3. Mailing Office Address 1102 Cheyenne Drive				einsi	rasti	SW.	IEM 1	ا ا		B)	
Suite, Apt. # Suite A		-		Suite, Apt. #, etc.				4. Date Incom	porated or	Qualifie			3-00		
City & State Melbourne, FL				City & State Indian Harbour Beach, FL				5. FEI Numbe 59-2314	эг		00/00/		Applied For Not Applicab	io	
zip 32935	Country US			Zip 32937		Country US		6. CERTIFICATI	OF STATU	IS DESIR			nal Eve requi cate of Statu		
7. Name and Address of Current Registered Agent															
	Name Sandi G	6. Roth	1												
	Street Address (P.O. Box Number is Not Acceptable) 1102 Cheyenne Drive								600048847676						
	Suite, Apt. #, Etc.					Ü3.				22/0501026019 **1500.00					
	মেy Indian Harbour Beach									State Zip Code FL 32937					
8. I, being	appointed the	eregisten	ed agent of the abo	we named corpo	ration, am f	familiar with and accept t	the ot	oligations of secti	on 607,050	05 or 61	7.0503, F.S			1 (01/05	
Signature of Registered in		 	R	EGISTERED AG	ENT MUST	SIGN	Date 03/07/2005								
9. Names	and Street A	ddresses				ofit corporations must list	t at lea	ast 3 directors)						-	
Titles		Officer	Name of s and/or Directors				Street Address of Each Officer and/or Director			City / State / Zip					
Р	Sandi G. Roth			1102 Cheyenne Drive				Indian Harbour Beach, FL 32937							
V	Greg A.	Roth		945 Brookview Lane				Rockledge, FL 32955							
v	Seymour Roth				1102 C	heyenne Drive			Indian Harbour Beach, FL 32937						
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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 filling 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 excurate, and my signature shall have the same legal effect as if made under oath. SIGNATURE: SIGNATURE: SIGNATURE AND TYPE DOR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR													'		
SIGNAT	TURE:	GNATURE	AND TYPED OR PE	UNTED NAME OF	SIGNING OF	FICER OR DIRECTOR		<u> </u>	Date	52/	フフ [*]	7 / 2 time Phone	<u>' 7/</u>		