

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<p>APPLICATION FOR REINSTATEMENT</p> <p>DOCUMENT # J65105</p> <p>1 Corporation Name Lambda Novatronics Inc.</p>		<p>FLORIDA DEPARTMENT OF STATE</p> <p>Katherine Harris Secretary of State</p> <p>DIVISION OF CORPORATIONS</p>																									
<p>Principal Place of Business 2855 West McNab Rd. Pompano Beach, FL 33069</p>		<p>Mailing Address W99-28068 Same</p>																									
<p>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</p> <p>2 New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country</p>		<p>3 New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country</p>																									
<p>4 Date Incorporated or Qualified To Do Business in Florida 4/02/1987</p> <p>5 FEI Number 59-2799259</p> <p>6 CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status</p>		<p>FILED 99 DEC -8 AM 8:57 SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>																									
<p>REINSTATEMENT 97-99</p>																											
<p>7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Titles</th> <th style="width: 30%;">Name of Officers and/or Directors</th> <th style="width: 30%;">Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)</th> <th style="width: 30%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>P/D</td> <td>Thomas Gutierrez</td> <td>8609 Six Forks Road</td> <td>Raleigh, NC 27615</td> </tr> <tr> <td>VP</td> <td>Michael O'Donnell</td> <td>8609 Six Forks Road</td> <td>Raleigh, NC 27615</td> </tr> <tr> <td>VP</td> <td>Richard Nicholas</td> <td>8609 Six Forks Road</td> <td>Raleigh, NC 27615</td> </tr> <tr> <td>VP/S/D</td> <td>Peter Kent</td> <td>8609 Six Forks Road</td> <td>Raleigh, NC 27615</td> </tr> <tr> <td>AS</td> <td>Patricia J. Turner</td> <td>735 Post Road East</td> <td>Westport, CT 06880</td> </tr> </tbody> </table>				Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip	P/D	Thomas Gutierrez	8609 Six Forks Road	Raleigh, NC 27615	VP	Michael O'Donnell	8609 Six Forks Road	Raleigh, NC 27615	VP	Richard Nicholas	8609 Six Forks Road	Raleigh, NC 27615	VP/S/D	Peter Kent	8609 Six Forks Road	Raleigh, NC 27615	AS	Patricia J. Turner	735 Post Road East	Westport, CT 06880
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<p>8. Name and Address of Current Registered Agent Prentice Hall Corporation System Inc. 1201 Hays Street Tallahassee, FL 32301</p>		<p>9. Name and Address of New Registered Agent Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road Suite, Apt. #, Etc. City Plantation State FL Zip Code 33324</p>																									
<p>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.</p> <p>Signature of Registered Agent: <i>Connie Bryan</i> CONNIE BRYAN SPECIAL ASSISTANT SECRETARY Date 12/8/99 REGISTERED AGENT MUST SIGN</p>																											
<p>11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)</p>																											
<p>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)(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.</p>																											
<p>SIGNATURE: <i>Peter Kent</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</p>		<p>11/9/99 919-870-3010 Date Daytime Phone #</p>																									

CR2E001 (12/98)