PLEASE READ	ALL INSTRU	ICTION'S	BEFORE C	OMPLET	ING THIS FORM.
APPLICATION	B an	ndra B.	NT OF STATE	PIR	FILER
	DIV SIC	ON OF CORPOR	RATIONS		97 JAN 31 PH 3: 17
DOCUMENT # 1671/49				SECRETARY OF STATE TALLAHASSEE FLORIDA	
ARRAY CONNECTOR CORPORATION					INTERIMONEL COMP.
Principal Place of business Mailing Address				-	
12555 S.W. 130 Street Same Miami, Florida 33186					
If above addresses are incorrect in any way, line through incorrect information and enter 2. New Principal Office Address, If Applicable 3. New Mailing Address, If Applicable				DO NOT WRITE IN THIS SPACE 4. Date Incorporated or Qualified	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	····	***		ness in Florida
City & State	City & State			5. FEI Numbe	Applied For Not Applicable
Zip Country	Zip	Countr	у	6. CERTIFICAT	E OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Names and Street Addresses of Each Officer and	or Director (Florida n				
Title(s) Name of Officers and/or Directors 1 2	Off	eet Address of Each licer and/or Director se Post Office Box h	•	City / State / Zip	
President William McPherso	n ;	3 Kno11 1	Lane		Key Largo, Florida 33037
Corporate Secy Nancy McPherson Director John C Skoglund		3 Knoll Lane 1840 Fox Street			Key Largo, Florida 33037
					1840 Fox Street Wayzata Mn
				4(DOO20777443
8. Name and Address of Current	Registered Agent			9. Name and	Address of New Registered Agent
William McPherson			Name		
3 Knoll Lane			Street Address (P.O. Box Number is Not Acceptable)		
Key Largo, Florida 33037			Suite, Apt. #, Etc.		
			City		State FL Zip Code
10. I, being appointed the registered appointed the about the abou					
REGISTERED AGENT MUST SIGN					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information) On intangible tax.)					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the receipt 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 eligible 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 eligible 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 eligible 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 eligible 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 eligible as a further certify that when filing this reinstatement application the reason for dissolution has been eligible as a further certify that when filing this reinstatement application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application as provided for in chapter 607 or 617, F.S. I further certify					
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Destine Phone #					



2/2

12555 S.W. 130th Street Miami, Florido 33186 Phone: (305) 234-1000 Fox: (305) 234-6601

January 17, 1997

State of Florida Department of State Division of Corporations Reinstatement Office P.O. Box 6327 Tallahassee, FL 32314-6327

Dear Sir or Madam:

It has recently come to my attention that ARRAY Connector Corporation's status as a corporation has lapsed. When asked how this could have happened, my A/P Supervisor told me that we had never received the form from the state.

I immediately called the state to try to determine the cause of the problem. I spoke with a woman in the reinstatement office who looked up the address on file. She read the following off the computer screen:

Array Connector 12555 S.W. 130th St. 7400 N.W. 52nd St. Miami, FL 33166

At that moment I understood the problem. When we had submitted our change of address to your offices, someone made a mistake keying in the address. Rather than replacing the old address, they added a line to the address. The form was then delivered to our old address. Given that we moved from that location nearly two years ago, it is not surprising that the form never found its way to our proper location.

Our correct address is the one shown in the letterhead. Given that we were not entirely remiss in completing the document in a timely fashion, I would suggest that reinstatement should be grandfathered under the old fee schedule. Therefore, I am enclosing a check for \$365 to cover the pre-existing schedule for reinstatement for a one-year-prior lapse.

Please feel free to contact me if you have any questions.

Sincerely,

Robert Honeyman Chief Financial Officer