- PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REINSTATEMENT	Secretary of State	SECRETARY OF STATE VISION OF CORPORATIONS O4 NOV 15 AM 11: 49:
DOCUMENT # (83308) 1. Corporation Name		
Powell Electronics Washington INC.		
	Leins	TATEMENT 04
2. Principal Office Address 3. Mailing 3540 W. Prospect Pd 4848	Office Address	
Suite, Apt. #, etc. Suite, Apt. (4. Date Incor	porated or Qualified
City & State City & State Ft Lauderdale FL Phil	5. FEI Numb	
Zip Country Zip	Country 6.	- 0787395 Not Applicable E OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
Name TREVOR MCGAW Street Address (P.O. B.x Number is Not Acceptable) 3540 W. PROSPECT RS. 11/15/0401065023 **750 00		
Suite, Apt. #, Etc.		
City FT LAVDERDACE State Tip Code FL 333 09		
8. I. being appointed the registered agent of the above named corporation, and familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent Jerus C Jain REGISTERED AGENT MUST SIGN		
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
D MERLE A. WOLFSON	1 S. BROAD ST. STE 2100	
DP ERNEST SCHILLING	4848 S. ISLAND RD.	PHICA. PA. 79153
D CHARLES P. CONNOLLY JR	655 JOSEPH DR	WAYNE PA 19087
D STUART NEWMAN	1512 TENNIS CIRCLE	LANSDALE PA 19446
D EDWARD KICAK	1056 MILLBROOK RO	BERWYN PA 19312
V ROBERT R. CARROLL	4848 S. ISCAND RD	PHILA PA 19153
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 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 Date Date Date Date		

11/2300