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LIMITED LIABILITY REINSTATEMENT

TYCO THERMAL CONTROLS LLC

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<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>				FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # M00000001780</b>					
1. Limited Liability Company's Name Tyco Thermal Controls LLC					
<b>REINSTATEMENT 2001-2003</b>					
2. Principal Office Address 2415 Bay Road		3. Mailing Office Address P.O. Box 8749		4. State/Country of Formation Delaware	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Date Organized or Qualified To Do Business in Florida September 1, 2000	
City & State Redwood City, CA		City & State Princeton, NJ		6. FEI Number 65-1007284	
Zip 94063	Country USA	Zip 08543-8749	Country USA	7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

8. Name and Address of Current Registered Agent		
Name CT Corporation System		
Street Address (P.O. Box Number is Not Acceptable) 1200 S. Pine Island Road		
Suite, Apt. #, Etc.		
City Plantation	State FL	Zip Code 33324

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: Barbara A Burke **BARBARA A. BURKE** SPECIAL ASSISTANT SECRETARY Date: 4-15-04

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Timothy E. Flanigan	2415 Bay Road	Redwood City, CA 94063
MGR	M. Brian Marozz	2415 Bay Road	Redwood City, CA 94063
MGR	Robert P. Mead	2415 Bay Road	Redwood City, CA 94063
<b>REINSTATEMENT 2001-2003</b>			

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.405, F.S., and that all taxes owed by the limited liability company have been paid. 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 of Managing Member/Manager: Timothy E. Flanigan Date: 4-15-04 Daytime Phone # \_\_\_\_\_

Typed or printed name of signing Managing Member/Manager: Timothy E. Flanigan, Manager