

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0363

From:

Account Name : C T CORPORATION SYSTEM
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LIMITED LIABILITY REINSTATEMENT

DANAHER POWER SOLUTIONS LLC

Certificate of Status	1
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M03000001211			
1. Limited Liability Company's Name Danaher Power Solutions LLC			
2. Principal Office Address 6093 Parkland Blvd Suite 310 Mayfield Heights, OH 44124 U.S.		3. Mailing Office Address 6093 Parkland Blvd Suite 310 Mayfield Heights, OH 44124 U.S.	
4. State/Country of Formation Delaware		5. Date Organized or Qualified To Do Business in Florida 04/17/2003	
6. FEI Number 32-2008061		Applied For Not Applicable	
7. CERTIFICATE OF STATUS DESIRED ☒			
8. Name and Address of Current 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			
9. I, being appointed the registered agent of the above named Limited Liability company, do hereby certify that the company is in compliance with the provisions of Chapter 608, F.S. Signature of Registered Agent: <u>[Signature]</u> Gregory W. Rosenberger Vice President and Assistant Secretary Date: <u>12/20/2005</u> REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Managing Members/Managers			
Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MEM	Joslyn Holding Company	2099 Pennsylvania Ave NW, 12th FL	Washington D.C. 20006
11. I hereby 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 608.408, F.S., and that all fees owed by the limited liability company have been paid. The information furnished 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: <u>[Signature]</u>		Date: <u>12/20/05</u> Daytime Phone #: <u>202.419.7697</u>	
Typed or printed name of signing Member/Manager: <u>James F. O'Reilly, VP and Secretary, Authorized Signatory of Managing Member</u>			