PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 NOV -1 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M96000000518

1. Limited Liability Company's Name
GE Harris Energy Control Systems, LLC

REINSTATEMENT 2001

2. Principal Office Address		**3.** Mailing Office Address	
407 John Rodes Blvd.		407 John Rodes Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Melbourne, FL 32934		City & State: Melbourne, FL 32934	
Zip: 32934	Country: Brevard	Zip: 32934	Country: Brevard

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: 12-23-1996

6. FEI Number: 59-3413963 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: C T Corporation System

700004686077--4
11/16/01 01004 009
****150.00 ****150.00

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: PETER F. SOUZA ASSISTANT SECRETARY
REGISTERED AGENT MUST SIGN

Date: 10/24/01

CR2E041 (9/00)

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	Stephen R. Bolze	4200 Wildwood Parkway	Atlanta, GA 30339
MGR	David Scholl	407 John Rodes Boulevard	Melbourne, FL 32934
MGR	C. Warren Ferguson	5600 Greenwood Plaza	Englewood, CO 80111
MGR	John Paul	4200 Wildwood Parkway	Atlanta, GA 30339
MGR	Robert Carroll	4200 Wildwood Parkway	Atlanta, GA 30339

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 608.408, F.S., and that all fees 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: David Scholl Date: 10/29/01 Daytime Phone # 321-242-4437

Typed or printed name of signing Managing Member/Manager: DAVID SCHOLL