PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPOR REINSTAT				S	ecretar	TMENT OF State	STATE	-		F- 1 L 2005 OCT 24	Pff 4:51
DOCUMENT # P20975									•	SECRETARY TALLAHASSE	OF STATE E. FLORIDA
1. Corporation Name											
Symbol Technologies, Inc.							<u>.</u>				
								go.	71 71	നാരമാന	
2. Principal Office	Address			3. Mailing Of	fice Addre			10/24/0	501	08983 056029	**900.00
1 Sym		Pla	. 2a			Plaza		RFINS	TAT	TEMEN	D4-05
Suite, Apt. #, etc.				Suite, Apt. #, e				A TOPE SO	HBE		
Mail 51 City & State	top A	39	>	Mai) :	Stop A-35 4.				Date Incorporated or Qualified To Do Business in Florida 9/2//1988		
Holtsvill	le . 1	VV		•				5. FEI Number		01	Applied For
Zip	- i -	ountry		Zip		Country		6. 11-23		- S8 7	Not Applicable 5 Additional Fee require
11742	1 - C MC250 O 20-2	رکن	A	11747	<u> </u>	USA		CERTIFICATE	OF STATU		r a Certificate of Status
7. Name and Address of Current Registered Agent Name											
Corporation Service Company											
Street Address (P.O. Box Number is Not Acceptable)											
Suit	e, Apt. #, E	Etc.									
Tallahassee								CALL AND CAL	State FL	Zip Code 32301	
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent											
9. Names and Si	treet Addre	esses o	of Each Officer and	or Director (Flo	rida nonpre	ofit corporations n	nust list at le	ast 3 directors)			
Titles	Titles Name of Officers and/or Directors				Street Address of Each Officer and/or Director					City / State	e / Zip
SVP TO	Toold Alabett			1 Symbol Plaza			ā	HOH	tsville, M	1 11742	
SVP J	John Bruno			1 symbol Plaza			a	Ho	Itsville, N	y 11742	
CAO JO	James Langrock				I symbol Plaza			<u>. </u>	Hol	ltsville, A	14 11742
	Toold Hawlin				1 Symbol Plaza		29	Hol	tsville, N	Y 11742	
50/9 50/D 5	Salvatore Iannuzzi			1 Symbol Plaza			29	Hol	tsville, N	y 11742	
SUPS PE	supls Peter Lieb				1	symbo	1 Pla	za	Hol	tsville,	W 11742
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 filing this reinstatement application, the reapon 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 accurat , and my signature shall have the same legal effect as if made under oath. SIGNATURE: Column Column											

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Symbol Technologies, Inc. State of Florida Corporation Reinstatement Document # P20975

Names and Addresses of Principal Officers: (continued)

Title	Name	Business Address	City, Sate, Zip
SVP & GM, Global Services Division & Corporate Quality Officer	Arthur J. O'Donnell	One Symbol Plaza	Holtsville, NY 11742-1300

Names and Addresses of Directors: (continued)

Name	Business Address	City, Sate, Zip
Robert J. Chrenc	18 Harbour Point Dr.	Northport, NY 11768
Salvatore lannuzzi	One Symbol Plaza	Holtsville, NY 11742-1300
Edward Kozel	1083 Vine St., #269	Healdsburg, CA 95448
Michael J. Lawrie	8 Country Club Road	Ridgefield, CT 06877
George Samenuk	3965 Freedom Circle	Santa Clara, CA 95054
Melvin A. Yellin	4 Times Square	New York, NY 10036-6522