* APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000060496**

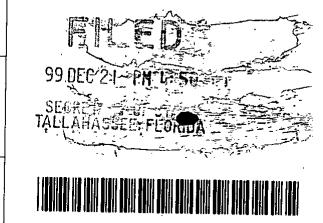
1. Corporation Name

INNOVATIVE ELECTRONICS, INC.

Principal	Place	of	Business
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10110 USA TODAY WAY MIRAMAR FI 33025 Mailing Address

10110.USA TODAY WAY MIRAMAR FL 33025



If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable #100 103 15 USA 78 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified USA Today 10315 To Do Business in Florida Suite, Apt. #, etc. 08/17/1994 Miramo 5. FEI Number Applied For City & State 65-0513723 Not Applicable Zip Country USA CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Title(s) Officer and/or Director City / State / Zip D MURPHY, GERARD F 10110 USA TODAY WAY MIRAMAR FL 33025 O'PRAY JAMES H 10110 USA IODAY WAY **VP** KIDA, YAŁENTINE 10110 USA JOBAY WAY VP Joseph Burke 25 Rockwood Place Englewood, NJ 07631 ****750.08 ****750.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET

1. 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 reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Suite, Apt. #, Etc.

Deborah D. Skipper

aš its agent

IGNATURE.

ignature of legistered Agent

TALLAHASSEE FL 32301

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

72/4/99 894-1700
Date Davime Phone #

State

la l ao 199

Zip Code