

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000078310

1. Corporation Name

Prime Source Electronics, Inc.

|  |  |
|--|--|
| Principal Place of Business<br>Unit 44, Airways<br>Industrial Estate<br>Cloghran, Dublin 17<br>Republic of Ireland | Mailing Address<br>Unit 44, Airways Industrial<br>Estate<br>Cloghran, Dublin 17<br>Republic of Ireland |
|--|--|

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

|   |   |
|---|---|
| 2. New Principal Office Address, If Applicable<br>9203 130th Ave. North | 3. New Mailing Office Address, If Applicable<br>9203 130th Ave. North |
|---|---|

|                     |                     |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

|                           |                           |
|---------------------------|---------------------------|
| City & State<br>Largo, FL | City & State<br>Largo, FL |
|---------------------------|---------------------------|

|              |                |              |                |
|--------------|----------------|--------------|----------------|
| Zip<br>33773 | Country<br>USA | Zip<br>33773 | Country<br>USA |
|--------------|----------------|--------------|----------------|

4. Date Incorporated or Qualified To Do Business in Florida 09/10/1997

|                             |   |  |
|-----------------------------|---|--|
| 5. FEI Number<br>59-3475163 | Applied For<br><input type="checkbox"/> | Not Applicable<br><input type="checkbox"/> |
|-----------------------------|---|--|

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4 City / State / Zip          |
|------------|-------------------------------------|---|-------------------------------|
| P/D        | Sean M. Carty                       | 4 Glenarm Square  | Drumcondra, Dublin 9, Ireland |
| VST/D      | Timothy H. MacDougald               | 53 Kincora Grove  | Clontarf, Dublin 3, Ireland   |
|            |                                     |   |                               |
|            |                                     |   |                               |
|            |                                     |   |                               |
|            |                                     |   |                               |

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-12/23/98--01046--018  
\*\*\*\*758.75 \*\*\*\*758.75

8. Name and Address of Current Registered Agent

John I. Van Voris  
14th Floor  
501 E. Kennedy Blvd.  
Tampa, FL 33602

9. Name and Address of New Registered Agent

Name  
N/A  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City

State Zip Code  
FL

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

Signature of Registered Agent BY: Timothy H. MacDougald  
REGISTERED AGENT MUST SIGN

Date December 10, 1998

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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 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 accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Timothy H. MacDougald

12/10/98 (727) 585-7922

Date Daytime Phone #

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 98

CR20040 (7/98)