

APPROVED AND FILED

01 JUN -5 PM 2:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**



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

**DOCUMENT #** P99000111859

**1. Corporation Name**  
D.R. COMPONENTS, INC.

<b>2. Principal Office Address</b> 100 E. LINTON BLVD. Suite, Apt. #, etc.		<b>3. Mailing Office Address</b> 100 E. LINTON BLVD. Suite, Apt. #, etc.	
<b>City &amp; State</b> DELRAY BEACH, FLORIDA		<b>City &amp; State</b> DELRAY BEACH, FLORIDA	
<b>Zip</b> 33483	<b>Country</b> U.S.A.	<b>Zip</b> 33483	<b>Country</b> U.S.A.

**4. Date Incorporated or Qualified To Do Business in Florida** DECEMBER 29, 1999

**5. FEI Number** 65-0971326  
Applied For  Not Applicable

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

600004418166--1  
-06/13/01--01078--022  
\*\*\*\*900.00 \*\*\*\*900.00

**7. Name and Address of Current Registered Agent**

Name  
CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable)  
1201 HAYS STREET

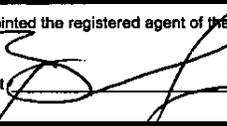
Suite, Apt. #, Etc.

City  
TALLAHASSEE

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  **BRIAN COURTNEY, ASST. VP.** Date 6-5-01  
REGISTERED AGENT MUST SIGN

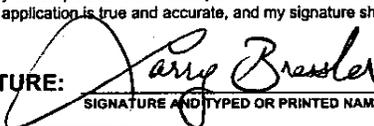
**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
VP	LARRY BRESSLER	100 E. LINTON BLVD.	DELRAY BEACH, FL 33483

REINSTATEMENT 06-01

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**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 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:  Larry Bressler Date 6/1/2001 Daytime Phone # 561-274-8840

CR2E081 (9/00)