PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

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

FILED
02 APR 12 AM 11:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**DOCUMENT #** S74747

**1.** Corporation Name
WEG Electric Motors Corp.

| **2.** Principal Office Address | **3.** Mailing Office Address |
|---|---|
| 1327 Northbrook Parkway | 1327 Northbrook Parkway |
| Suite, Apt #, etc.: Suite 490 | Suite, Apt. #, etc.: Suite 490 |
| City & State: Suwanee, GA | City & State: Suwanee, GA |
| Zip: 30024 Country: United States | Zip: 30024 Country: United States |

**4.** Date Incorporated or Qualified To Do Business in Florida: 08/21/1991

**5.** FEI Number: 65-0280210 ☐ Applied For ☐ Not Applicable

**6.** CERTIFICATE OF STATUS DESIRED ☐

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

Name: C T Corporation System

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-05/03/02--01021--008
***1200.00 ***1200.00

Street Address (P.O. Box Number is Not Acceptable): c/o C T Corporation System, 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation State: FL Zip Code: 33324

**8.** I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 61 7.0503, FS.

Signature of Registered Agent: Dale W. Morris — REGISTERED AGENT MUST SIGN
DALE W. MORRIS
ASSISTANT VICE PRESIDENT
Date: 4/11/02

**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 |
|---|---|---|---|
| President & COO | Walter Janssen Neto | 1327 Northbrook Pkwy, Suite 490 | Suwanee, GA 30024 |
| V.P. | Tony Hood | 1327 Northbrook Pkwy, Suite 490 | Suwanee, GA 30024 |
| VP | David Pipes | 1327 Northbrook Pkwy Suite 490 | Suwanee GA 30024 |
| Sec & Treasurer | Luiz Fernando Ribeiro | 1327 Northbrook Pkwy Suite 490 | Suwanee GA 30024 |
| | | | |
| | | | |

**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 61 T, 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:** Luiz Fernando Ribeiro — Luiz Fernando Ribeiro — 4/9/02 — 770-338-5656
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FL010 - 09/18/01 C T System Online