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

200000544926 2--2
-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 617.0503, 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 — 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