

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

01

**APPLICATION FOR REINSTATEMENT**

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



**FILED**

98 NOV 23 AM 8:58

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **160269**

1. Corporation Name  
**ELECTRO-SYSTEMS CORPORATION**

Principal Place of Business 4508 MAGNOLIA BEACH ROAD P.O. BOX 27700 PANAMA CITY FL 32411-4700	Mailing Address 4508 MAGNOLIA BEACH ROAD P.O. BOX 27700 PANAMA CITY FL 32411-4700
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**REINSTATEMENT 98**

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

2. New Principal Office Address, if Applicable	3. New Mailing Office Address, if Applicable
Suite, Apt. #, etc.	Suite, Apt. # etc.
City & State	City & State
Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 01/20/1950	
5. FEI Number 59-0626059	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$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	LAVERY, WILLIAM	113 SHARTOM DRIVE	AUGUSTA GA

200002699642--9  
 -12/01/98--01090--019  
 \*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

LAVERY, WILLIAM  
 4508 MAGNOLIA BEACH ROAD  
 PANAMA CITY BCH. FL 32408

9. Name and Address of New Registered Agent

Name  
 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 *[Signature]* Date 11-18-98  
 REGISTERED AGENT MUST SIGN

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]* President Date 11-18-98 (850) 234-9202  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #