

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Pgl at 3

APPLICATION FOR REINSTATEMENT

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

APPROVED AND FILED

00 OCT 18 AM 9:38

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **842084**

1. Corporation Name
LAB-VOLT SYSTEMS, INC.



Principal Place of Business Mailing Address

STATE HIGHWAY 34 STATE HIGHWAY 34
 P.O. BOX 686 P.O. BOX 686
 FARMINGDALE NJ 07727 FARMINGDALE NJ 07727

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 Attn: Charles H. Bond		4. Date Incorporated or Qualified To Do Business in Florida 12/19/1978	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 21-0415841	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	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	4. City / State / Zip
D	SAVINELLI, EMILIO A	24 MOLLBROOK DR	WILTON CT
OD	SCHLUTER, PETER M	4 QUAKER LANE	LITTLE SILVER NJ
D	WIANT, DAVID B.	69 LEIGH STREET	CLINTON NJ 08809
D	GREENE, JAMES R	134 BUTTONWOOD DR.	FAIR HAVEN NJ
D	VACCARO, JAMES S III	613 N EDGEMERE DR	WEST ALLENHURST NJ 07711
D	HUNTER, GARRETT B	150 TAMARACK DRIVE	E. GREENWICH RI 02818

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324

500003446635-4
~~11/01/00-01039-008~~
~~***150.00 ***150.00~~

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 _____

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 REQUIRED** Date _____

REGISTERED AGENT MUST SIGN

11. 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: *Charles H. Bond* **SIGNATURE REQUIRED**

Charles H. Bond, S.V.P. - Finance
 Lab-Volt Systems, Inc.

Date: **10-13-00** Daytime Phone #: **732-938-2000**

CR2E040 (8/00)

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LAB-VOLT SYSTEMS, INC.
PO BOX 686
FARMINGDALE, NJ 07727

CONTINUED.../COMPLETE LISTING OF DIRECTORS

7. NAMES AND STREET ADDRESSES OF EACH OFFICER AND DIRECTOR

TITLE	NAME	ADDRESS	CITY & STATE
O/D	BOND, CHARLES H	282 DIVISION AVE.	BELLEVILLE, NJ
O/D	DUGGAN, ROBIN A.	884 CRESTRIDGE DRIVE	TOMS RIVER, NJ
D	GREENE, JAMES R.	134 BUTTONWOOD DRIVE	FAIR HAVEN, NJ
D	HUNTER, GARRETT B.	30 EXCHANGE TERR.	PROVIDENCE, RI
O/D	RODRIGUEZ, DANIEL	1997 LEONARD DRIVE	TOMS RIVER, NJ
D	SAVINELLI, EMILIO A.	34 MOLLBROOK DRIVE	WILTON, CT
D	SCHLUTER, JOHN A.	42 BAY ROAD	HUNTINGTON, NY
O/D	SCHLUTER, PETER M.	4 QUAKER LANE	LITTLE SILVER, NJ
D	VACCARO, JAMES	613 NORTH EDGEMERE DR	WEST ALLENHURST, NJ
D	WIANT, DAVID B.	78 CENTER STREET	CLINTON, NJ

EXECUTIVE OFFICES

CHARLES H. BOND
SENIOR VICE PRESIDENT — FINANCE

October 12, 2000

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

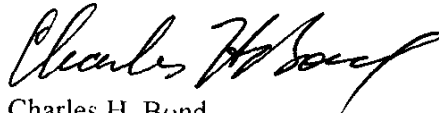
Re: **Lab-Volt Systems, Inc.** **Document # 842084** **FEI: 21-0415841**

Dear Secretary of State:

We are in receipt of your *Notice of Administrative Dissolution or Revocation*. It is unfortunate to have received such a notice since we did not receive our 2000 Annual Report package, as we have in previous years. Based upon instructions from a phone call to your office (850-487-6059), we are enclosing our check for \$150 as our Annual Report filing fee.

We appreciate your understanding in this matter, and we hope to avoid any future problems with our Annual Report (Uniform Business Report) filing for year 2001.

Very truly yours,



Charles H. Bond

CHB:TC
Encs.