

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC -3 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 842084

1. Corporation Name

LAB-VOLT SYSTEMS, INC.

Principal Place of Business

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

Mailing Address

STATE HIGHWAY 34. ATTN: CHARLES H. BOND
P.O. BOX 686
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

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

12/19/1978

5. FEI Number

21-0415841

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$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	WANT, 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

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

800009326188
12/03/02 01076-014 **150.00

State FL Zip Code

CR2E040 (8/02)

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. or 617.0505, 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.

LAB-VOLT SYSTEMS, INC.

SIGNATURE:

Charles H. Bond

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Charles H. Bond, SVP-Finance

Date

Daytime Phone #

11/19/02 (732) 938-2000



EXECUTIVE OFFICES

CHARLES H. BOND
SENIOR VICE PRESIDENT — FINANCE

November 15, 2002

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 2002 Annual Report package, as we have in previous years. Based upon instructions from a phone call to your office (850-245-6059), 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 2003.

Very truly yours,

Charles H. Bond

CHB:TC

Encs: