Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6384

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

CORPORATION REINSTATEMENT
SPARTON ELECTRONICS FLORIDA, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$900.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E081 (11/10)

DOCUMENT # 305550

1. Corporation Name
Sparton Electronics Florida, Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
5612 Johnson Lake Road	425 N. Martingale Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	Suite 2050
City & State	City & State
Deleon Springs, FL	Schaumburg, IL
Zip / Country	Zip / Country
32130 / USA	60173 / USA

4. Date Incorporated or Qualified To Do Business In Florida: May 26, 1966

5. FEI Number: 59-115346 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 S. Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation | State: FL | Zip Code: 33324

REINSTATEMENT

RH

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: Assistant Secretary Katie Markowski — Date: 4/27/2011
REGISTERED AGENT MUST SIGN

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
P/D	Cary B. Wood	425 N. Martingale Road, Suite 2050	Schaumburg, IL 60173
V/D	Steve Korwin	425 N. Martingale Road, Suite 2050	Schaumburg, IL 60173
T/S/D	Gregory A. Slome	425 N. Martingale Road, Suite 2050	Schaumburg, IL 60173
S	Joseph S. Lerczak	425 N. Martingale Road, Suite 2050	Schaumburg, IL 60173

10. E-mail Address: jlerczak@sparton.com (for Company)
(To be used for future annual report notification)

11. I certify that I am an officer or director of 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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Secretary — 04.27.2011 — 847.762.5816
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FL010 - 01/10/2011 C T System Online