PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2009 APR -7 AM 10:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F05000002082

1. Corporation Name

American Electrical Testing Co., Inc.

REINSTATEMENT 06-09
CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #		**3.** Mailing Office Address	
480 Neponset Street		P.O. Box 267	
Suite, Apt. #, etc.		Suite, Apt. #, etc	
Building #3			
City & State		City & State	
Canton, MA		Canton, MA	
Zip	Country	Zip	Country
02021	USA	02021	USA

4. Date Incorporated or Qualified To Do Business in Florida 4/4/2005

5. FEI Number 042724750 ☑ 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
C T Corporation System

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

Suite, Apt. #, Etc.
Suite 205

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

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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, F.S.

Signature of Registered Agent _____ TRACI HOUCK SPECIAL ASSISTANT SECRETARY
REGISTERED AGENT MUST SIGN

Date 4/6/09

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
D,P, S,T	Charles K. Blizard, Jr.	480 Neponset Street, Building #3	Canton, MA 02021
D	Scott A. Blizard	480 Neponset Street, Building #3	Canton, MA 02021
		300148935463 04/07/09--01007--016 **600.00	
		300148935463 04/07/09--01007--017 **8.75	

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 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 contained in Chapter 119, 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 K. Blizard, Jr. March 27, 2009 (781) 821-0121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

B. Mitchell APR 7 2009