

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 DEC 26 PM 3:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 840696

1. Corporation Name

ANDOVER CONTROLS CORP.  
254 S. MAIN ST.  
NEW CITY NY 10956

**REINSTATEMENT 91-03**

200024982832  
12/23/03--01019--018 \*\*1711.25

2. Principal Office Address

300 BRICKSTONE SQ

Suite, Apt. #, etc.

City & State

ANDOVER MA

Zip

01801

Country

3. Mailing Office Address

254 S. MAIN ST

Suite, Apt. #, etc.

City & State

NEW CITY NY

Zip

10956

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

06-1274463

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 RD

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33324

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

REGISTERED AGENT MUST SIGN

Date 11/5/03

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
PRES	WILLIAM LAPOINTE	15 WRIGHT RD	HOLLIS NH 03049
TREAS	JEFFREY TEMPLE	1691 COMMONWEALTH AVE	W. NEWTON MA
ASST SEC	DAVID SHARP	300 BRICKTON SQ	ANDOVER, MA 01810
VP	ROBERT KHEIN	11 QUAIL RUN HOLLOW	ANDOVER, MA 01810

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/20/03

Date

(978) 470-0555

Daytime Phone #

CR2E081 (10/02)