PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 MAY -8 PM 1:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5/16/06
AMENDMENT 05-06

CR2E081 (8/05)

DOCUMENT # F04000000538

1. Corporation Name: National Electrical Systems Inc

2. Principal Office Address	3. Mailing Office Address
13357 state Rt 12	13357 State Rt 12
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Boonville NY	City & State: Boonville NY
Zip: 13309 Country: USA	Zip: 13309 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 1/29/04

5. FEI Number: 161378723 ☐ 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): 1203 Governor's Square Blvd.

Suite, Apt. #, Etc.: Suite 101

City: Tallahassee State: FL Zip Code: 32301-2960

05/25/06--01019--007 **158.75
400075271914

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: [signature] JAMES M. NEWSOME Special Assistant Secretary Date: 3/29/06
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
President	Richard A. Stratton	8897 Blossvale Rd	Blossvale NY 13308
Vice President	Cynthia R. Stratton	8897 Blossvale Rd	Blossvale NY 13308

400075272138
05/25/06--01019--008 **70.00

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 this 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] 3/28/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FL010 - 9/1/05 CT System Online