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| Special Instructions to                 | Filing Officer:   |      |  |  |  |  |  |
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### **CT** CORPORATION

March 22, 2004

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DAMAR 22 PM 4: 26
TALLAHASSEE, FLORIDA

Secretary of State, Florida 409 East Gaines Street Tallahassee FL 32399

Re:

Order #: 6058122 WO

Customer Reference 1: None

Customer Reference 2: pike equipment and supply

Dear Secretary of State, Florida:

Please file the attached:

Pike Equipment and Supply Company (NC)

Qualification

-Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Ashley K Mitchell Fulfillment Specialist

Ashley\_Mitchell@cch-lis.com

660 East Jefferson Street \_ Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TR **BUSINESS IN FLORIDA** IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMI REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. 1 Pike Equipment and Supply Company (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) North Carolina (FEI number, if applicable) (State or country under the law of which it is incorporated Perpetual 04/08/2002 (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual") (Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) 7, 200 Pike Way, Mount Airy, NC 27030 (Principal office address) PO Box 868 Mount Airy, NC 27030 (Current mailing address) 8 Equipment repairs for Pike Electric, Inc. (parent co.) (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) C T Corporation System Name: Office Address: c/o C T Corporation System, 1200 South Pine Island Plantation (City) 10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. C T Corporation System

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

DALE W. MORRIS
ASSISTANT VICE PRESIDENT

12. Names and business addresses of officers and/or directors:

(Registered agent's signature)

| A. DIR         | ECTORS                                  |              |   |              |            |                  |              |          |  |
|----------------|---|--------------|---|--------------|------------|------------------|--------------|----------|--|
| Chairman       | ;                                       |              |   | <u> </u>     | <u> </u>   |                  |              |          | <u>:</u>                                     |
| Address:       |   |              |   |              |            | <u> </u>         |              |          | <u></u>                                      |
|                | •                                       | <u>i</u> _   |   |              |            |                  |              |          | <u> </u>                                     |
| Vice Cha       | rman:                                   |              |   |              | <u> </u>   |                  |              |          | <u></u>                                      |
| Address:       |   |              | <u> </u>                                      | · <u>,</u>   |            | <u> </u>         |              |          |  |
| Director:      | Joseph Eric Pike                        |              | ·   |              | <u> </u>   |                  |              |          |  |
| Address:       | 200 Pike Way                            | ·            | ·   | <u> </u>     |            |                  |              |          | ·  |
|                | Mount Airy, NC 27030                    |              |   | :            |            |                  | ·            | <u> </u> | <u> </u>                                     |
| Director:      | Reginald L. Banner                      |              |   | <u>.</u>     |            |                  |              |          |  |
| Address:       | 200 Pike Way                            |              |   |              | a          | - ;              | ·- <u></u> - |          |  |
|                | Mount Airy, NC 27030                    | ·            |   |              |            |                  |              |          |  |
| B. OFF         | ICERS SEE ATTACHMENT                    |              |   |              |            |                  |              |          |  |
| President      | Joseph Eric Pike                        |              |   |              | <u></u>    | <u> </u>         |              | · ·      | <u>.                                    </u> |
| Address:       | 200 Pike Way                            | ··· <u>·</u> |   |              |            |                  |              |          |  |
|                | Mount Airy, NC 27030                    |              |   |              | <u> </u>   | <u></u> :        | <u> </u>     |          |  |
| Vice Pres      | ident: Reginald L. Banner               |              |   |              |            | <u> </u>         |              |          |  |
| Address:       | 200 Pike Way                            |              |   | <u>.</u>     | 3.122 Q.   | <u> </u>         |              |          | -+<br>                                       |
|                | Mount Airy, NC 27030                    |              |   |              |            | <u> </u>         |              |          |  |
| Secretary      | Reginald L. Banner                      |              | <u> </u>                                      |              | <u></u> _  |                  | <u> </u>     |          |  |
| Address:       | 200 Pike Way Mount Airy, NC 27030       |              | <u>·                                     </u> |              | <u> </u>   |                  |              |          | .1.  |
| Treasurer      | : Joseph Eric Pike                      |              |   |              |            | · · · · ·        | =            |          |  |
| Address:       | 200 Pike Way Mount Airy, NC 27030       |              |   | <u> </u>     |            | <u>+</u> , ∨ · ! |              | <u> </u> | <br><u></u>                                  |
|                | If necessary, you may attach an addendu |              | -   |              |            | ers and/or d     | irectors.    |          | مين :  |
| 13             | (Signature of Director or Officer       | listed in n  | umber 12 of                                   | f the applic | ation)     | <u> </u>         |              | <u></u>  |  |
| 14. <u>Reg</u> |   | <del>-</del> |   |              |            | . 5              |              |          |  |
|                | (1 ypea or primea name a                | and capaci   | ry or beison                                  | ោជាមេន       | prication) |                  |              |          |  |



## State of North Carolina Department of The Secretary of State

#### CERTIFICATE OF EXISTENCE

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

## PIKE EQUIPMENT AND SUPPLY COMPANY

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 8th day of April, 2002, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.



IN WITNESS WHEREOF, I have hereinto set my hand and affixed my official seal at the City of Raleigh, this 10th day of March, 2004

6 laine J. Marshall.
Secretary of State