PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F05000000899

1. Corporation Name
Spencer Technologies, Inc.
Zoo Cable, Inc.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
102 Otis Street		102 Otis Street	
Suite, Apt #, etc		Suite, Apt #, etc.	
City & State: Northborough, MA		City & State: Northborough, MA	
Zip: 01532	Country: USA	Zip: 01532	Country: USA

REINSTATEMENT
CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida: 2/9/05
5. FEI Number: 05-0499679 — Applied For / Not Applicable
6. CERTIFICATE OF STATUS DESIRED — $8.75 Additional Fee required for Certificate of Status

7. Name and Address of Current Registered Agent
Name: Registered Agent Solutions
Street Address (P.O. Box Number is Not Acceptable): 155 Office Plaza Dr Ste A
Suite, Apt #, Etc.
City: Tallahassee State: FL Zip Code: 32301

300284278368
04/06/16--01019--026 **1500.00

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] Adam Saldana, Asst. Secretary Date: 4/4/16
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, V, T, S, D	David Strickler	102 Otis Street	Northborough, MA 01532
D	Thomas Golding	19 Dover Circle	Franklin, MA 02038

10. E-mail Address: Gfarrell@spencertech.com
(To be used for future annual report notification)

11. 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., 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: [signature] 4/5/16 508-635-2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FILED
2016 APR -6 AM 9:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 1 1 2016

C. CARROTHERS