

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA 09 MAY -1 PM 12: 22 800155141388 05/01/09--01060--020 **450.00 REINSTATEMENT 07-09KS	
DOCUMENT # F05000007024					
1. Corporation Name Ortronics, Inc					
2. Principal Office Address - No P.O. Box # 125 Eugene O'Neill Drive Suite, Apt. #, etc.		3. Mailing Office Address 125 Eugene O'Neill Drive Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 1991, Revoked 9/14/07 5. FEI Number 06-0807305 ☐ Applied For ☐ Not Applicable 6. CERTIFICATE OF STATUS DESIRED ☐ \$9.75 Additional Fee required for a Certificate of Status	
City & State New London, CT		City & State New London, CT			
Zip 06320	Country USA	Zip 06320	Country USA		
7. Name and Address of Current Registered Agent Name C T Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 Pine Island Road 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 [Signature] SALVINA AMENTA-GRAY REGISTERED AGENT MUST SIGN 04/27/09 SPECIAL ASSISTANT SECRETARY					
9. Names and Street Addresses of Each Officer and/or Director (Florida non-profit 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	Mark Panico	125 Eugene O'Neill Drive	New London, CT 06320		
VP	Robert Julian	60 Woodlawn Street	West Hartford, CT 06110		
Treas	James LaPerriere	60 Woodlawn Street	West Hartford, CT 06110		
Secy	Valerie Alsante	125 Eugene O'Neill Drive	New London, CT 06320		
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: [Signature]		04/27/09		860-445-3800	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	



125 Eugene O'Neill Drive
New London, CT 06320
Ph (860) 445-3800 / Fax (860) 405-2970

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

04/27/09

To the Division of Corporations,

Enclosed you will find Ortronics Corporation Reinstatement form, filled and signed by the appropriate individuals. We are enclosing a check for \$450.00 to cover the following years: 2007, 2008 & 2009. We are requesting that the reinstatement fee be waived as we have not received prior notices from your offices. We did not put a document number on the attached form as there are two assigned to us in the past and both have been revoked or voluntarily withdrawn: F05000007024 & P20862.

Thank you,

Kelly Lamb-Stricker
Accountant
Phone: 860 405-2820
Fax: 860 405-2980