2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F08000000236

Entity Name: S.J. ELECTRO SYSTEMS, INC.

FILED Oct 27, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:				
22650 COUNTY HWY 6 DETROIT LAKES, MN 56502				22650 COUNTY HWY 6 DETROIT LAKES, MN 56501 US				
Current Mailing Address:				New Mailing Address:				
22650 COUNTY HWY 6 DETROIT LAKES, MN 56502			PO BOX 1708 DETROIT LAKES, MN 565021708 US					
FEI Number:	41-1297816	FEI Number Applied For ()	FEI Num	nber Not Appli	cable ()	Certifica	ate of Status Desired()	
Name and	Address of C	urrent Registered Agent:		Name and	Address of I	New Reg	jistered Agent:	
CLEARWA	D WAY NORTH TER, FL 3376 named entity si		rpose of	f changing it	s registered o	office or r	registered agent, or both,	
SIGNATUR	E: JERRY ST	REETT						
	Electroni	c Signature of Registered Agent	t				Date	
Election Cam		(2)(b), F.S., the corporation did not r Trust Fund Contribution (). ORS:	receive th	•		TO OFF	FICERS AND DIRECTOR	ŧS:
Title: Name: Address: City-St-Zip:	DP () LEWANDOWSK 22650 COUNTY DETROIT LAKES	HWY 6		Title: Name: Address: City-St-Zip:	() Change	() Addition	
Title: Name: Address: City-St-Zip:	D ()HERR, BEN 22650 COUNTY DETROIT LAKES			Title: Name: Address: City-St-Zip:	() Change	() Addition	
Title: Name: Address: City-St-Zip:	VP () I FUGLESTEN, JO 22650 COUNTY DETROIT LAKES	HWY 6		Title: Name: Address: City-St-Zip:	D (X HAGEN, RUSS 22650 COUNT DETROIT LAK	ELL Y HWY 6	() Addition	
Title: Name: Address: City-St-Zip:	VP () LAGE, MELISSA 22650 COUNTY DETROIT LAKES	HWY 6		Title: Name: Address: City-St-Zip:	() Change	() Addition	
Title: Name: Address: City-St-Zip:	ST () FETTING, NATHA 22650 COUNTY DETROIT LAKES	HWY 6		Title: Name: Address: City-St-Zip:	() Change	() Addition	
Title: Name: Address: City-St-Zip:	D () I MACFARLANE, 3 22650 COUNTY DETROIT LAKES	HWY 6		Title: Name: Address: City-St-Zip:	D (X HEIN, BRUCE 22650 COUNT DETROIT LAK	Y HWY 6	() Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NATHAN FETTING ST 10/27/2009