

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 NOV 13 AM 7:54

DOCUMENT # F 18401

1. Corporation Name
Circuit Test, Inc.

2. Principal Office Address

2501 W. Grandview Road

Suite, Apt. #, etc.

City & State

Phoenix, AZ

Zip

85023

Country

USA

3. Mailing Office Address

2501 W. Grandview Road

Suite, Apt. #, etc.

City & State

Phoenix, AZ

Zip

85023

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida** 02/05/81

5. FEI Number
59-2054420

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)

1200 S. Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State
FL

Zip Code
33324

500004704255--6

-12/04/01--01036--018

****908.75 ****908.75

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 Theresa M. Lewis, Special Asst. Secy.
REGISTERED AGENT MUST SIGN

Date 11/12/01

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
PR DIR	James K. Bass	2501 W. Grandview Road	Phoenix, AZ 85023
VP/SEC/ TREAS DIR	Peter W. Harper	2501 W. Grandview Road	Phoenix, AZ 85023

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 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:

Peter W. Harper
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/6/01

Daytime Phone #

602-282-5201