PLEASE READ ALL INSTRUCTIONS BEFORE COMPL

FILED
Apr 28, 2004 8:00 A.M.
Secretary of State

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000002947

1. Corporation Name
Andover Controls Corporation

REINSTATEMENT 00-04

2. Principal Office Address	3. Mailing Office Address
300 Brickstone Square	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Andover, MA	City & State
Zip: 01810 / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 6/19/1995

5. FEI Number: 06 1274463 ☐ 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: C T Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South 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: Stephen Adamo — STEPHEN ADAMO ASSISTANT SECRETARY — REGISTERED AGENT MUST SIGN — Date: 4/28/04

CR2E041 (10/02)

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
D/PRES	WILLIAM LAPOINTE	15 WRIGHT RD	HOLLIS NH 03049
D/VP	PETER ZINKIN	2 ARMITAGE RD	London UK NW 11 8RA
TREA	JEFFREYZ TEMPLER	1691 COMMONWEALTH AVE	W NEWTON, MA
ASST	DAVID SHARP	71 WINTERGREEN DR N	ANDOVER MA 01845

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: Jeffrey Templer — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 4/22/04 — Daytime Phone #: 978-470-0555

FL010 - 10/03/2003 C T System Online

Florida Department of State
Division of Corporations
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Division of Corporations
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Please keep 4/28/04 as file date. Thanks!
Brigham
CT Corp

CORPORATION REINSTATEMENT

ANDOVER CONTROLS CORPORATION

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