PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 MAY -9 AM 10:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F96000000907

1. Corporation Name
CONTROL TECHNOLOGIES, INC.
(MARYLAND CONTROL TECHNOLOGIES, INC

2. Principal Office Address
8233 PENN RANDALL PLACE
Suite, Apt. #, etc.
City & State
UPPER MARLBORO, MD.
Zip 20772 Country US

3. Mailing Office Address
SAME
Suite, Apt. #, etc.
City & State
Zip Country

REINSTATEMENT 9701

4. Date Incorporated or Qualified To Do Business in Florida INCORP 6/1985 IN FLORIDA 1995 SP

5. FEI Number 54 1339544 ☐ 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
EDWARD HEFFERNAN
Street Address (P.O. Box Number is Not Acceptable)
473 TIMBERWOOD TRAIL
Suite, Apt. #, Etc.
City OVIEDO State FL Zip Code 32765

1,200.00-Adm
61.25-AR
88.75-ARSurp

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 Ed Heffernan Ed Heffernan
REGISTERED AGENT MUST SIGN
Date 5-1-2001

CR2E081 (9/00)

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
PRES	WARREN WAYLAND	1105 STONE DRIVE	HUNTINGTOWN, MD 20639
VP	"	"	"
TRS	"	"	"
SEC	"	"	"

900004342109--9
-06/05/01--01074--014
***1350.00 ***1350.00

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: PRESIDENT MAY 1, 2001 301-420-9400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #