

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

85

FILED

02 OCT 28 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000095091

1. Corporation Name

MOTRONICS, INC.

Principal Place of Business

2531 SUGAR LOAF LANE
FT. LAUDERDALE FL 33312

Mailing Address

2531 SUGAR LOAF LANE
FT. LAUDERDALE FL 33312

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/09/2000

5. FEI Number

65-1046410

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PVD	FERGUSON, MARIA T	2531 SUGAR LOAF LANE	FT. LAUDERDALE FL 33312
TD	FERGUSON, WILLIAM R	2531 SUGAR LOAF LANE	FT. LAUDERDALE FL 33312

02 UBR TO

8. Name and Address of Current Registered Agent

FERGUSON, MARIA T
2531 SUGAR LOAF LANE
FT. LAUDERDALE FL 33312

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2E040 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

10-26-02

11. 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-26-02

Daytime Phone #

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2531 Sugar Loaf Lane
Ft. Lauderdale, FL 33312
Tel: 954-792-1676
Fax: 954-792-7219

MOTRONICS INC.

October 25, 2002

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Document P00000095091
Motronics Inc.

Dear Sir's:

This morning we received from your office, a notice of administrative dissolution or revocation for failure to file our annual report.

We did file our annual report. This morning I contacted your office at the telephone number you provided and talked to one of your representatives who advised me that your records confirm this.

Today's correspondence requesting additional fees is the first and only indication that we have had that there was a problem with our filing.

We request that you cease dissolution or revocation and waive the additional fees on the basis that our filing is current and no prior notice of these actions was provided to us.

Sincerely,


Maria T. Ferguson
President

CONTROL

AUTOMATION

PROCESS

MOTRONICS, INC.
581 BURNHAM LANE
PORT JUDITH, N.Y. 11854

NO. 128162 1208

PAY TO THE ORDER OF Department of State DATE 6/2/02

one hundred fifty dollars \$ 150.00

FOR 651046410 Mark T. Kays

001208 02670837530 005564583P 0000015000*

Ck: 1208 - \$150.00 - 07/03/2002