Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000122560 3)))

H12000122560 3ABCT

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

RE-SUBMIT

Please retain original filing date of submission s/a

To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

CORPORATION REINSTATEMENT
JACO ELECTRONICS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	023
Estimated Charge	$900.00

MAY 02 2012
D. BUTLER

Electronic Filing Menu Corporate Filing Menu Help

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
12 MAY -2 PM 7:00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
12 MAY -2 PM 7:00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

12 MAY -2 PM 7:00

DOCUMENT # P26774

1. Corporation Name
JACO ELECTRONICS, INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
145 OSER AVENUE	145 OSER AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HAUPPAUGE , NY	City & State: HAUPPAUGE , NY
Zip: 11788-3725 Country: US	Zip: 11788-3725 Country: US

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida: 11/07/1989

5. FEI Number: 111978958 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: C T CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable): 1200 S. PINE ISLAND BLVD.

Suite, Apt. #, Etc.

City: PLANTATION State: FL Zip Code: 33324

REINSTATEMENT 11-2

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: Connie Bryan Connie Bryan Date: 05/02/2012

REGISTERED AGENT PRINT NAME: Assistant Secretary

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
P	GIRSKY, JOEL H	145 OSER AVE	HAUPPAUGE NY 11788
D	WALDMAN, ROBERT J	145 OSER AVE	HAUPPAUGE NY 11788
EVP	GASH, JEFFREY D	145 OSER AVE	HAUPPAUGE NY 11788

10. **E-mail Address:** pdimola@jaoocloot.com
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.165, F.S.

SIGNATURE: CFO Jeffrey D. Gash 5/2/2012 631-273-5500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FL010 - 01/19/2011 C T System Online

TOTAL P.01
MAY 02 2012
D. BUTLER

05/08/2012 14:17 8656336092 CT CORPORATION PAGE 03/03