Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850)617-6384

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Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850)222-1173
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Attn: Russ

CORPORATION REINSTATEMENT
PATCO ELECTRONICS, INC.

Certificate of Status	1
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S67277

1. Corporation Name
PATCO ELECTRONICS, INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1855 Shepard Drive	1855 Shepard Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Titusville, Florida	City & State: Titusville, Florida
Zip: 32780 Country: Brevard	Zip: 32780 Country: Brevard

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida: 7/15/1991

5. FEI Number: 59-3075317 ☐ 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: NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable): 515 E. Park Ave.

Suite, Apt. #, Etc.

City: Tallahassee State: FL Zip Code: 32301

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: Asst Sec. Date: 03/25/11
REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Robert D. Woltil	5250 140th Avenue North	Clearwater, FL 33760

REINSTATEMENT

10. E-mail Address: ehall@hwhlaw.com
(To be used for future annual report notification)

11. I certify that I am an officer or director of 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 the 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.817.155, F.S.

SIGNATURE: 3-25-2011 727-212-0551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #