

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


09 JAN -5 PM 4:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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01/05/09--01053--021 \*\*750.00

REINSTATEMENT 08

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F03-1651

1. Corporation Name  
Allot Communications, Inc.

2. Principal Office Address - No P.O. Box # 7664 Golden Triangle Drive		3. Mailing Office Address 7664 Golden Triangle Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Eden Prairie, MN		City & State Eden Prairie, MN	
Zip 55344	Country USA	Zip 55344	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 07/25/1997

5. FEI Number 77-0462636  Applied For  Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$3.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
CT Corporation

Street Address (P.O. Box Number is Not Acceptable)  
1200 South Pine Island Road

Suite, Apt. #, Etc.

City  
Plantation

State  
FL

Zip Code  
33324

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of a registered agent under 607.0505 or 617.0503, F.S.

Signature of Registered Agent *Jeanne Nelson* **Jeanne Nelson**  
Assistant Secretary Date 12/30/08

REGISTERED AGENT MUST SIGN

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
VP	Vincent Costello	7664 Golden Triangle Drive	Eden Prairie, MN 55344
Control	Roger Whitman	7664 Golden Triangle Drive	Eden Prairie, MN 55344

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 contained in Chapter 119, 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]* 12/31/08 (952) 697-4206

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #