

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 FEB 16 PM 2:09

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # F95000000127

1. Corporation Name
Signal Perfection, Ltd., Inc.

2. Principal Office Address
8901 Herrmann Dr.

3. Mailing Office Address
8901 Herrmann Dr.

Suite, Apt. #, etc.

City & State
Columbia, MD

City & State
Columbia, MD

Zip Country
21045 Howard

Zip Country
21045 Howard

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
52-1760942

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED 53.75 Additional Fee required for Certificate of Status

7. Name and Address of Current Registered Agent

Name
CT Corporation System

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

Suite, Apt. #, Etc.

City
Plantation

500003748725--0
02/22/01 01008--029
***908.75 ***908.75

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
SPECIAL ASSISTANT SECRETARY
REGISTERED AGENT MUST SIGN

Date
2/15/01

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

Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President William Parry	12713 Maryvale Ct. Ellicott City, MD 21042	
C.E.O. Chad M. Gilleywater	1217 Roundgate Ct. Woodbine, MD 21797	
S.V.P. Frederick Curdts	2102 Badian Drive Silver Spring, MD 20904	

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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 2/12/01
Daytime Phone #: 410-992-0998

William Parry, President

