

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION
REINSTATEMENT**



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

02 APR 29 PM 1:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F97000004993

1. Corporation Name
ACCUSONIC TECHNOLOGIES, INC.

2. Principal Office Address 25 Bernard E St Jean Ave
3. Mailing Office Address c/o Axel Johnson Inc.

Suite, Apt. #, etc. Suite, Apt. #, etc.
300 Atlantic St, Ste 700

City & State City & State
East Falmouth, MA Stamford, CT

Zip Country Zip Country
02536 USA 06901 USA

REINSTATEMENT 01-02

4. Date Incorporated or Qualified To Do Business in Florida 9/24/97
5. FEI Number 04-3380645 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 **CT Corporation System** 000005492740--5
Street Address (P.O. Box Number is Not Acceptable) -05/08/02--01068--026
1200 South Pine Island Road ****300.00 ****300.00
Suite, Apt. #, Etc.
City **Plantation** State **FL** Zip Code **33324**

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 *Robert L. ...* Date 4-22-02
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
D	Desmond P. Wilson III	c/o Axel Johnson Inc. 300 Atlantic Street	Stamford, CT 06901
D	Joseph F. Smorada	c/o Axel Johnson Inc. 300 Atlantic Street	Stamford, CT 06901
D/P	William G. Garland	5030 Bradford Drive	Huntsville, AL 35805
VP/T	Craig H. Alfson	5030 Bradford Drive	Huntsville, AL 35805
VP/S	Adam Sowatzka	5030 Bradford Drive	Huntsville, AL 35805
AS	Joyce T. Kotzker	c/o Axel Johnson Inc. 300 Atlantic Street	Huntsville, AL 35805

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: *Joyce T. Kotzker* /Joyce T. Kotzker 4.19.02 203.326.5226
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E001 (9/01)

nc 5/6/02