PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State

DIVISION OF CORPORATIONS

02 APR 29 PM 1: 16

SECREMANY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT #

F97000004993

1. Corporation Name

ACCUSONIC TECHNOLOGIES, INC.

REMS	IAI	EWEN	01-07

2. Principal Office Address 3. Mailing Office Address 25 Bernard E St Jean Ave c/o Axel Johnson Inc. Suite, Apt. #, etc. Suite, Apt. #, etc. 300 Atlantic St, Ste 700 4. Date Incorporated or Qualified To Do Business in Florida 9/24/97 City & State City & State 5. FEI Number Applied For East Falmouth, MA Stamford, CT 04-3380645 Not Applicable Zip Country Country \$8.75 Additional Fee required CERTIFICATE OF STATUS DESIRED for a Certificate of Status 02536 USA 06901

7. Name and Address of Current Registered Agent <u>000005492740</u>+ CT Corporation System -05/08/02--01068**-**026 Street Address (P.O. Box Number is Not Acceptable) <u>****900.00 ****</u>00.00 1200 South Pine Island Road

Suite, Apt. #, Etc.

Name

City

Plantation

State 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.

Registered Agent

REGISTERED AGENT MUST SIGN

4-22-02

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 filling 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 TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.19.02

203.326.5226

Daytime Phone #