PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 JUN 14 PM 1:05
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # F02000002210

1. Corporation Name
FRESNEL MICROWAVE SYSTEMS LIMITED, INC.

REINSTATEMENT 03-04

2. Principal Office Address	3. Mailing Office Address
1800 Penn Street	1800 Penn Street
Suite, Apt. #, etc. Suite 10	Suite, Apt. #, etc. Suite 10
City & State Melbourne, Florida	City & State Melbourne, Florida
Zip 32901 Country USA	Zip 32901 Country USA

4. Date Incorporated or Qualified To Do Business in Florida July 02, 2004

5. FEI Number 77059-1097 ☐ 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: Business Filings Incorporated 200038019492 04/06/16/04--01052--002 **78.75

Street Address (P.O. Box Number is Not Acceptable): 1660 East Jefferson Street

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: Mark Schiff, AVP Date: 6/10/04
REGISTERED AGENT MUST SIGN

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	BANFIELD, DAVID	DFM MANAGEMENT LE GEORGEV AVENUE GRANDE BRETAGNE	MONACO, MC98000
D	POOJUAL, SUNIL	70 ST JOHN'S CLOSE KNOWLE B93 0NN, ENGLAND	
D	SINCLAIR, DAVID	LE FORMENTOR AVENUE PRINCESSE GRACE	MONACO, MC98000

9. 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: David Sinclair DAVID SINCLAIR 26th May 2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #