
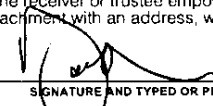


2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

DOCUMENT # F03000000414 1. Entity Name ATLANTIC MICROWAVE CORPORATION						NOV 14 AM 9:03 SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business 58 MAIN STREET, SUITE 117 BOLTON, MA 01740				Mailing Address 58 MAIN STREET, SUITE 117 BOLTON, MA 01740				
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country				3. Mailing Address Suite, Apt. #, etc. City & State Zip Country				
11012007 REIN-P CR2E098 (1/07)				4. FEI Number 04-3252206				
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable				
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.								
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____								
FILE NOW!!! FEE IS \$750.00 After January 1, 2008, Fee will be \$900.00								
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE PD <input type="checkbox"/> Delete NAME SCHAEFER, STEVEN STREET ADDRESS 58 MAIN STREET, ROUTE 117 CITY-ST-ZIP BOLTON, MA 01740				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 500112262015 CITY-ST-ZIP 11/14/07--01008--014 **750.00				
TITLE CEO <input type="checkbox"/> Delete NAME GAGGIN, DAVID V STREET ADDRESS 58 MAIN STREET, ROUTE 117 CITY-ST-ZIP BOLTON, MA 01740				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP				
TITLE TS <input type="checkbox"/> Delete NAME FULLER, DAVID L STREET ADDRESS 58 MAIN STREET, ROUTE 117 CITY-ST-ZIP BOLTON, MA 01740				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP				
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP				
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP				
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.								
SIGNATURE: 				DAVID L. FULLER CFO				11-7-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date		Daytime Phone #		