Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
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Thanks!

CORPORATION REINSTATEMENT

AMPHENOL SV MICROWAVE ACQUISITION CORP.

Re-Send 9/11/09

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E081 (12/08)

DOCUMENT # P05000005563

1. Corporation Name
AMPHENOL SV MICROWAVE ACQUISITION CORP.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
358 HALL AVENUE	358 HALL AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WALLINGFORD, CT	City & State: WALLINGFORD, CT
Zip: 06492 Country: U.S.A.	Zip: 06492 Country: U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida: MAY 26, 2005

5. FEI Number: 202947993 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.75 Additional Fee required for a 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 State: FL Zip Code: 33324

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, hereby accept and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Chris McNeal Assistant Secretary
REGISTERED AGENT MUST SIGN

Date: 9/11

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/P	R. ADAM NORWITT	358 HALL AVENUE	WALLINGFORD, CT 06492
D/CFO	DIANA G. REARDON	358 HALL AVENUE	WALLINGFORD, CT 06492
V	CRAIG A. LAMPO	358 HALL AVENUE	WALLINGFORD, CT 06492
S	EDWARD C. WETMORE	358 HALL AVENUE	WALLINGFORD, CT 06492
T	DAVID J. JOSITAS	358 HALL AVENUE	WALLINGFORD, CT 06492
		REINSTATEMENT 08-0985	

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 contained in Chapter 119, 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: Edward C. Wetmore EDWARD C. WETMORE SEPT. 11, 2009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #