



2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F06000005208 1. Entity Name APPLIED SIGNAL TECHNOLOGY, INC.	
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FILED
09 MAR 30 PM 2: 10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 400 WEST CALIFORNIA AVE SUNNYVALE, CA 94086	Mailing Address 400 WEST CALIFORNIA AVE SUNNYVALE, CA 94086
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



REINSTATEMENT

03/22/2009 REIN-P GR2E098 (1/07) *08-05*

4. FEI Number 77-0015491	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CP YANCEY, GARY	TITLE	President & CEO
NAME	400 WEST CALIFORNIA AVE	NAME	William B Van Vleet III
STREET ADDRESS	SUNNYVALE, CA 94086	STREET ADDRESS	400 West California Ave
CITY-ST-ZIP		CITY-ST-ZIP	Sunnyvale, Ca. 94086
	<input checked="" type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VP & CFO	TITLE	
NAME	DOYLE, JAMES	NAME	
STREET ADDRESS	400 WEST CALIFORNIA AVE	STREET ADDRESS	
CITY-ST-ZIP	SUNNYVALE, CA 94086	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	CFO	TITLE	
NAME	DOYLE, JAMES	NAME	000147980290
STREET ADDRESS	400 WEST CALIFORNIA AVE	STREET ADDRESS	03/30/09--01048--007 **300.00
CITY-ST-ZIP	SUNNYVALE, CA 94086	CITY-ST-ZIP	
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	FIN	TITLE	
NAME	DOYLE, JAMES	NAME	
STREET ADDRESS	400 WEST CALIFORNIA AVE	STREET ADDRESS	
CITY-ST-ZIP	SUNNYVALE, CA 94086	CITY-ST-ZIP	
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	TITLE	
NAME	WILLIAM, DAVID	NAME	
STREET ADDRESS	400 WEST CALIFORNIA AVE	STREET ADDRESS	
CITY-ST-ZIP	SUNNYVALE, CA 94086	CITY-ST-ZIP	
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	TITLE	
NAME	WHITTELSLEY, JR., STUART G	NAME	
STREET ADDRESS	400 WEST CALIFORNIA AVE	STREET ADDRESS	
CITY-ST-ZIP	SUNNYVALE, CA 94086	CITY-ST-ZIP	
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: James Doyle **JAMES DOYLE** 3/17/09 408-522-2857
Signature and typed or printed name of signing officer or director Date Daytime Phone #