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Florida Department of State
Division of Corporations
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Division of Corporations
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Phone : (850) 521-1000
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**CORPORATION REINSTATEMENT
DRS C3 & AVIATION COMPANY**

Certificate of Status	1
Certified Copy	0
Page Count	03
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DRS C3 & Aviation Company

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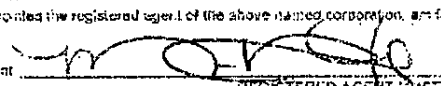
Directors

Mark S. Newman	c/o DRS Technologies, Inc. 5 Sylvan Way Parsippany, New Jersey 07054
Mark A. Dorfman	c/o DRS Technologies, Inc. 5 Sylvan Way Parsippany, New Jersey 07054

Officers

Alan Dietrich, President	400 Professional Drive, Suite 400 Gaithersburg, Maryland 20879
Robert Russo, Vice President-Operations	c/o DRS Technologies, Inc. 5 Sylvan Way Parsippany, New Jersey 07054
Jason Rinsky, Vice President-Taxation	c/o DRS Technologies, Inc. 5 Sylvan Way Parsippany, New Jersey 07054
Andrea Mandel, Vice President-Human Resources	c/o DRS Technologies, Inc. 5 Sylvan Way Parsippany, New Jersey 07054
Mark A. Dorfman, Secretary	c/o DRS Technologies, Inc. 5 Sylvan Way Parsippany, New Jersey 07054
Richard A. Schneider, Treasurer	c/o DRS Technologies, Inc. 5 Sylvan Way Parsippany, New Jersey 07054

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA 11 MAY 12 PM 3:37																													
DOCUMENT # F09000002141 1. Corporation Name DRS C3 & AVIATION COMPANY																																	
2. Principal Office Address - No P.O. Box # 400 Professional Drive Suite, Apt. #, etc. Suite 400 City & State Gaithersburg, Maryland Zip 20879		3. Mailing Office Address DRS Technologies, Inc. Suite, Apt. #, etc. 3rd Fl., Attn: David Camiolo City & State Parsippany, New Jersey Zip 07054		4. Date incorporated or Qualified To Do Business in Florida Qualified: 05/27/2009 5. FEI Number 264736646 6. CERTIFICATE OF STATUS DESKED ☒ Additional Fee required for a Certificate of Status																													
7. Name and Address of Current Registered Agent Name Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street Suite, Apt. #, Etc. City Tallahassee																																	
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 and 617.0603, F.S. Signature of Registered Agent  Matthew Young Asst. V. Pres. Date May 6, 2011 REGISTERED AGENT MUST SIGN																																	
9. Names and Street Addresses of Each Officer and/or Director (Florida not profit corporations must list at least 3 directors) <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Title</th> <th>Name of Officers and/or Directors</th> <th>Street Address of Each Officer and/or Director</th> <th>City / State / Zip</th> </tr> </thead> <tbody> <tr> <td></td> <td>SEE RIDER ATTACHED</td> <td>SEE RIDER ATTACHED</td> <td>SEE RIDER ATTACHED</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>						Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip		SEE RIDER ATTACHED	SEE RIDER ATTACHED	SEE RIDER ATTACHED																				
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	SEE RIDER ATTACHED	SEE RIDER ATTACHED	SEE RIDER ATTACHED																														
10. E-mail Address: camciolo@drs.com; camciolo@drs.com; cestra@drs.com; dubois@drs.com (To be used for future annual report notification)																																	
11. I certify that I am an officer or director of the receiver or trustee empowered to execute this application as provided for in chapter 607, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name specifies the requirements of section 607.0401 or 617.0401, F.S. that all fees owed by the corporation have been paid. I further certify, 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: Jason Rinsky-VP, Taxation Date May 6, 2011 973-898-1500 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																	

REINSTATEMENT 10-11

25/12