PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
13 DEC 19 PM 7:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F11000001926

1. Corporation Name

Miranda MTI, Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
125 Crown Point Court	1 North Brentwood Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	15th Floor
City & State	City & State
Grass Valley, CA	St. Louis, MO
Zip / Country	Zip / Country
95945 / USA	63105 / USA

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida: 5/5/11

5. FEI Number: 91-2076288 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED: NO ($8.75 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 | State: FL | Zip Code: 32301

400254864044
11/12/13--01001--010 **30000.00

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: Danielle Ellenberger Danielle Ellenberger Asst VP Date: 12/18/2013
REGISTERED AGENT MUST SIGN

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
P/D	Michelle H Long	7733 Forsyth Blvd, Ste 800	St. Louis, MO 63105
T/V	Jeremy Parks	7733 Forsyth Blvd, Ste 800	St. Louis, MO 63105
S/D	Brian Anderson	7733 Forsyth Blvd Ste 800	St. Louis, MO 63105
	REINSTATEMENT 2013		

10. **E-mail Address:** cindy.petot@belden.com
(To be used for future annual report notification)

11. 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., and 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; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Michelle Long (Michelle Long) 12/17/13 (314) 854-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 933259 7207713

AUTHORIZATION :

COST LIMIT : $ 750.00

ORDER DATE : December 19, 2013

ORDER TIME : 10:17 AM

ORDER NO. : 933259-005

CUSTOMER NO: 7207713

REINSTATEMENT

NAME: MIRANDA MTI, INC.

RECEIVED
DEPARTMENT OF STATE
13 DEC 19 AM 10:45

XX___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight

EXAMINER'S INITIALS _____