

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED AND FILED  
98 MAY -8 PH 1:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F95000000127

1. Corporation Name

**Signal Perfection, Ltd.**

*W. Parry*

Principal Place of Business

Mailing Address

**8901 Herrmann Drive  
Columbia, Maryland 21045**

**8901 Herrmann Drive  
Columbia, Maryland 21045**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable  
**N/A**

3. New Mailing Address, If Applicable  
**N/A**

4. Date Incorporated or Qualified To Do Business in Florida

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

**52-1760942**

Not Applicable

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres.	William Parry	12718 Maryvale Court	Ellicott City, MD 21042
Sr.VP	Frederick Curdts	2102 Badian Drive	Silver Spring, MD 20904
C.E.O.	Chad Gillenwater	1217 Roundgate Court	Woodbine, MD 21797

**REINSTATEMENT** 9/6/98  
*A. Allen*  
5/8/98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Edwin F. Blanton  
825 Thomasville Rd  
Tallahassee, FL 32303

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**600002520106--E**  
Suite, Apt. #, Etc. **--05/12/98--01040--002**  
City **\*\*\*1050.00 \*\*\*1050.00**  
State **FL** Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

May 8, 1998

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No

(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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:

*Frederick Curdts*

**Frederick Curdts, Sr. VP**

**5/7/98**

**410-381-0110**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20040 (12/95)