F-95000003502

(Re	equestor's Name)				
(Address)					
(Address)					
(Cit	ty/State/Zip/Phon	e #)			
PICK-UP	WAIT	☐ MAIL			
<u>—</u>		Land			
(Bu	siness Entity Nar	me)			
(Document Number)					
Certified Copies	Certificate:	s of Status			
Special Instructions to Filing Officer:					
· · · · · · · · · · · · · · · · · · ·					

Office Use Only



400268689804

HOT INTENDED TO ACKNOWLEDGE SUPPLIED OF FILING RECEIVED

OSPANIMENT OF STATE

ONVIOLOTI OF ST

With Xamal

7 | | | | | -

FILED

T.	•			
	ACCOUNT NO	. : 1200000	000195	,
	REFERENC	E : 493867	7916989	
	AUTHORIZATIO	N D X D	MA2	
,	COST LIMI	T \$ 35.00))	
ORDER DATE	: February 6, 20	15		
	: 11:32 AM			
ORDER NO.	: 493867-005			
CUSTOMER NO			,	
	. ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	<u>FOREIGN</u>	FILINGS		
NAME	: DRS RSTA, I	NC.	•	
	RATE ED PARTNERSHIP ED LIABILITY COMP	ANY		
XXXX WITHDR	AWAL/CANCELLATION		ı	
PLEASE RETU	RN THE FOLLOWING	AS PROOF OF I	FILING:	
	TIFIED COPY			
XX PLA	IN STAMPED COPY TIFICATE OF STATU	s		
CONTACT PER	SON: Courtney Wi	lliams - EXT‡	62935	
			₹:	



February 9, 2015

CSC

ATTN: COURTNEY WILLIAMS

SUBJECT: DRS RSTA, INC. Ref. Number: F95000003502 RESUBMIT

Please give original submission date as file date.

We have received your document for DRS RSTA, INC. and the authorization to debit your account in the amount of \$25.00. However, the document has not been filed and is being returned for the following:

The account #I2000000195 coversheet attached to this document for the above mentioned corporation is not for this corporation. It is for a foreign limited liability company by the name "OTO AMERICA NORTH AMERICA, LLC."

The fee to file articles of dissolution or a certificate of withdrawal is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell
Regulatory Specialist III

Letter Number: 915A00002668

COVER LETTER

TO:	Amendment Section Division of Corporations					
CIIDI	DRS RSTA, Inc.					
SUDI	DECT:	(Name of Corpor	ration)			
DOC	UMENT NUMBER:					
The e	nclosed withdrawal application and	I fee are submitted t	for filing.			
	e return all correspondence concernin r to the following:	g this				
	Chandra Mitchell					
		(Name of Person	1)			
	DRS Technologies, Inc.					
		(Firm/Company)			
	2345 Crystal DR, Suite 1000 (Address)					
	Arlington, VA 22202					
	(City/State and Zip	code)			
For fi	urther information concerning this ma	itter, please call:				
Chan	dra Mitchell	703 at (236-0272			
Enclo	(Name of Person) used is a check for the amount:		Code & Daytime Telephone Number)			
\$3	5 Filing Fee \$\int\\$43.75 Filing Fee & Certificate of Status		Certificate of Status & Certified			
	MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL.32314		STREET ADDRESS: Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL. 32301			

APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

DRS RSTA, Inc.	
(Name of Corp	oration)
(Document Number of Con	## (- / · · · · · · · · · · · · · · · · · ·
(Document Number of Cor	
Delaware	고 : · · · · · · · · · · · · · · · · · ·
	豊吉 죠
(Incorporated Und	er Laws of)
This corporation revokes the authority of its registered a appoints the Department of State as its agent for service of the time it was authorized to transact business or conduct a The following is a current mailing address for the corporation of DRS Technologies, Inc., 2345 Crystal Dr, Suite 1	of process based on a cause of action arising during ffairs in Florida.
(Mailing Ado	iress)
Arlington, VA 22202	
(City/ State /	Zip)
The corporation agrees to notify the Department of State in	the future of any change in its mailing address.
Katherine O. Krelvel	1/21/2015
(Signature of a director, president or other officer - if in the hands of receiver or other court appointed fiduciary, by that fiduciary)	a (Date)
Katherine A. Krebel	Secretary

FILING FEE \$35

(Title of person signing)

(Typed or printed name of person signing)