PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

·FILED

00 OCT -6 AM 11: 11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F97 000 005 643

1. Corporation Name

Transoceanic Cable Ship Company, Inc.
W-22646

REINSTATEMENT 98-00

2. Principal Office Address

340 Mt. Kemble

Suite, Apt. #, etc.

City & State

Morristown NJ

Zip 07960-6619   Country USA

3. Mailing Office Address

Tyco International (US) Inc.
State Tax Dept. 8th Floor
One Town Center Rd.
P.O. Box 5035
Boca Raton, FL 33431-0835

4. Date Incorporated or Qualified To Do Business in Florida Oct. 27, 1997

5. FEI Number 13-1961749   Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

CT Corporation System
1200 South Pine Island Road
Plantation, FL 33324

Suite, Apt. #, Etc.

City   State FL   Zip Code

100003455931--9
-11/07/00--01103--030
***1050.00 ***1050.00

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 _Vicky Goldstein_   VICKY GOLDSTEIN SPECIAL ASSISTANT SECRETARY   Date 9/28/00

REGISTERED AGENT MUST SIGN

CR2E081 (9/99)

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
Pres. & Director	Neil R. Garvey	60 Columbia Turnpike Bldg A	Morristown NJ 07960
VP/ Asst Treas.	Scott Stevenson	One Town Center Rd.	Boca Raton FL 33486
Director	Irving Gutin	One Tyco Park	Exeter, NH 03833
Treas.	Michael A. Robinson	One Town Center Road	Boca Raton Fl 33486
Asst Secretary	M. Brian Moroze	One Tyco Park	Exeter, NH 03833

10. 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER O.

Scott Stevenson
Vice President/Asst. Treasurer   9/13/00   (561) 988-7823
Date   Daytime Phone #