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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

15 OCT -2 PM 1:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M08000002637

1. Limited Liability Company's Name
AcousticFab, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
110 Keyes Court	25395 RYE CANYON ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Stamford	City & State: VALENCIA, CA
Zip: 32773 Country:	Zip: 91355 Country:

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: 6/4/08

6. FEI Number: 26-2800041 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: C T Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation State: FL Zip Code: 33324

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: [signature] Jeffrey Kagan Assistant Secretary REGISTERED AGENT Date: 10/2/15

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	Philip (Drew) Bordages	28150 Industry Drive	Valencia, CA 91355
MGR	Steven Giuliano	1133 Westchester Avenue	White Plains, NY 10604
MGR	Jonathan M. Meyer	28150 Industry Drive	Valencia, CA 91355

11. E-mail Address: alisa.wisse@ittcorp.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 605.0012, F.S., and that all fees owed by the limited liability company 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager: [signature] Date: Oct. 1, 2015 Daytime Phone #:

Typed or printed name of signing Authorized Representative/Manager: Steven Giuliano - Manager

RE 10/2/15

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LIMITED LIABILITY REINSTATEMENT
ACOUSTICFAB, LLC

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