

Electronic Filing Cover Sheet

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((H04000155483 3)))

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To: Division of Corporations
Fax Number : (850) 205-0383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 222-9428

Please keep 7/28/64
as file date. Thanks.
Brigham

LIMITED LIABILITY REINSTATEMENT
ACTERNA LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$300.00

FILED
2004 JUL 28 A 8:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Made

Corporate Filings

Getting Access Help

Udvalgt af	DCC
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JUL-29-2004 14:26

CT CORPORATION

P.02/03



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

July 29, 2004

ACTERNA LLC
C/O DYNATECH CORPORATION
3 NEW ENGLAND EXECUTIVE PARK
BURLINGTON, MA 01803

SUBJECT: ACTERNA LLC
REF: M99000000406

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You failed to list the title and the name of the managing member of the manager.

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) 245-6913.

Diane Cushing
Document Specialist

FAX Aud. #: H04000155483
Letter Number: 404A00047648

04 JUL 29 PM 3:12
DIVISION OF CORPORATIONS

RECEIVED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

2004 JUL 28 A 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT

1. Limited Liability Company's Name

Acterna LLC

2. Principal Office Address

One Milestone Center Court

Suite, Apt. #, etc.

City & State

Germantown, MD

Zip

20876

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Delaware

5. Date Organized or Qualified
To Do Business in Florida

3/19/1999

6. FEI Number

73-1682807

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐55.00 Additional Fee (Applied
for a Certificate of Status)

8. Name and Address of Current Registered Agent

Name

CT 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 608, F.S.

Signature of
Registered Agent

Constance Bryan

CONSTANCE BRYAN

SPECIAL ASSISTANT SECRETARY

Date July 28, 2004

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Acterna Inc.	One Milestone Center Court	Germantown, MD 20876

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, 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 608.408, 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.

Signature of
Managing Member/Manager

John Peeler

Date July, 2004

Daytime Phone # 301-353-1550

Typed or printed name of signing Managing Member/Manager John Peeler, Director