

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FILED**


10 JUL -8 AM 8:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

500181462875  
06/21/10--01007--018 \*\*35.00

**REINSTATEMENT**

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P25371

1. Corporation Name

Talla-Com, Tallahassee Communications Industries, Inc.

2. Principal Office Address - No P.O. Box #

1721 W. Paul Dirac Drive

Suite, Apt. #, etc.

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Zip

32310

Country

Leon

Zip

32310

Country

US

4. Date Incorporated or Qualified To Do Business in Florida 7/10/1998

5. FEI Number 22-2974315

Applied For  
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED  58.75 Additional Fee required for a Certificate of Status

500181462875  
07/08/10--01009--001 \*\*608.75

7. Name and Address of Current Registered Agent

Name

Cletus C. Glasener

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

1721 W. Paul Dirac Drive

Suite, Apt. #, Etc.

City

Tallahassee

State

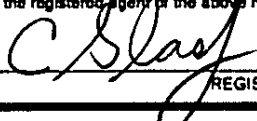
FL

Zip Code

32310

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



Date 6/30/2010

REGISTERED AGENT MUST SIGN

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

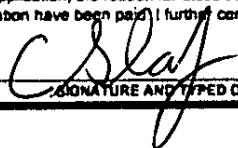
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	Raanan Horowitz	4700 Marine Creek Parkway	Fort Worth, TX 76179
Treasurer	Cletus Glasener	4700 Marine Creek Parkway	Fort Worth, TX 76179
Secretary	Chris Puffer	4700 Marine Creek Parkway	Fort Worth, TX 76179

10. E-mail Address: Stephen.Roberts@Elbitsystems-US.com

(To be used for future annual report notification)

11. 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. I further certify, 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:



Cletus Glasener

6/30/10

817 234 6937

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #