PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 AUG 21 AM 3:5
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P30079

1. Corporation Name
Wavetek U.S. Inc.

Principal Place of Business | Mailing Address

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 93-00
DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, if Applicable
c/o Acterna Corporation
Suite, Apt. #, etc. Attention: Alex Wunyca
3 New England Executive Park
City & State
Burlington, MA
Zip 01803-5087 Country USA

3. New Mailing Address, if Applicable
same as box 2
Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida
07/06/1990

5. FEI Number
952263080
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City/State/Zip
V, D	Allan M. Kline	c/o Acterna Corporation 3 New England Executive Park	Burlington, MA 01803-5087
V, Asst. S, D	Mark V.B. Tremallo	c/o Acterna Corporation 3 New England Executive Park	Burlington, MA 01803-5087
V, D	Robert W. Woodbury, Jr.	c/o Acterna Corporation 3 New England Executive Park	Burlington, MA 01803-5087

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8. Name and Address of Current Registered Agent

CT Corporation System
1200 S. Pine Island Road
Plantation, FL 33324

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State FL | Zip Code

10. I, being appointed the registered agent of the above corporation, have read the foregoing and am familiar with and accept the obligations of Section 607.0505, F.S.

CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY

Signature of Registered Agent Connie Bryan Date 8/21/2000
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☑ (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I realize the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further 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., and that all fees owed by the corporation 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: August 18, 2000 (781) 221-2008
SIGNATURE AND TYPED OR PRINTED NAME SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Mark V.B. Tremallo,
Vice President and Assistant Secretary