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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 JUL 14 PM 3:59

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

05-09
[Signature]

DOCUMENT # P34293

1. Corporation Name

AEROFLEX PLAINVIEW, INC.

REINSTATEMENT

800158489658

07/14/09--01045--015 **758.75

CR2E081 (12/08)

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

35 SOUTH SERVICE ROAD

3. Mailing Office Address

35 SOUTH SERVICE ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 6022

City & State

PLAINVIEW, NY

City & State

PLAINVIEW, NY

Zip

11803

Country

USA

Zip

11803

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/13/1991

5. FEI Number
11-2774706

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

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

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

[Signature]

Juan Grajeda
Assistant Secretary

REGISTERED AGENT MUST SIGN

Date

6/26/09

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
	SEE ATTACHED STATEMENT		

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 contained in Chapter 119, 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CHARLES BADLATO, ASSISTANT SECRETARY

6/30/09

Date

516-752-2314

Daytime Phone #

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AEROFLEX PLAINVIEW, INC.		
STATE OF FLORIDA, CORPORATION REINSTATEMENT		
LINE 9 ATTACHMENT, NAME AND STREET ADDRESSES OF EACH OFFICER AND/OR DIRECTOR		
G:\CorpFinance (old R drive)\tax\Registrations\Aeroflex Plainview, Inc\Officer-Director listing.xls\Sheet1		
TITLES	NAME	ADDRESS / CITY / STATE / ZIP
D/P/S	LEONARD BOROW	35 SOUTH SERVICE ROAD, PLAINVIEW, NY 11803
D	JOHN E. BUYKO	35 SOUTH SERVICE ROAD, PLAINVIEW, NY 11803
D	HUGH D. EVANS	35 SOUTH SERVICE ROAD, PLAINVIEW, NY 11803
D	ROBERT MCKEON	35 SOUTH SERVICE ROAD, PLAINVIEW, NY 11803
D	RAMZI M. MUSALLAM	35 SOUTH SERVICE ROAD, PLAINVIEW, NY 11803
V	JOHN ADAMOVICH, JR.	35 SOUTH SERVICE ROAD, PLAINVIEW, NY 11803
V	CARL CARUSO	35 SOUTH SERVICE ROAD, PLAINVIEW, NY 11803
V	JANE BRADY	35 SOUTH SERVICE ROAD, PLAINVIEW, NY 11803
V	RICHARD CASPER	35 SOUTH SERVICE ROAD, PLAINVIEW, NY 11803
CFO	KEVIN J. FINNEGAN	35 SOUTH SERVICE ROAD, PLAINVIEW, NY 11803
V	JOSEPH MAZZOTTA	35 SOUTH SERVICE ROAD, PLAINVIEW, NY 11803
V	STEPHEN ROSENFELD	35 SOUTH SERVICE ROAD, PLAINVIEW, NY 11803
V	WILLIAM BROWN	35 SOUTH SERVICE ROAD, PLAINVIEW, NY 11803
V	PAUL SCALAFANI	35 SOUTH SERVICE ROAD, PLAINVIEW, NY 11803
V	THOMAS TERLIZZI	35 SOUTH SERVICE ROAD, PLAINVIEW, NY 11803
AS	CHARLES BADLATO	35 SOUTH SERVICE ROAD, PLAINVIEW, NY 11803