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Florida Department of State
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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : C T CORPORATION SYSTEM
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CORPORATION REINSTATEMENT

SV MICROWAVE COMPONENTS GROUP, INC.

Certificate of Status	0
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000046906

1. Corporation Name

SV MICROWAVE COMPONENTS GROUP, INC.

[Handwritten initials]

2. Principal Office Address - No P.O. Box #
2400 CENTREPARK WEST DRIVE

3. Mailing Office Address
2400 CENTREPARK WEST DRIVE

Suite, Apt. #, etc.
SUITE 100

Suite, Apt. #, etc.
SUITE 100

City & State
WEST PALM BEACH, FL

City & State
WEST PALM BEACH, FL

Zip
33409

Country
U.S.A.

Zip
33409

Country
U.S.A.

REINSTATEMENT 08-09

4. Date Incorporated or Qualified To Do Business in Florida
JUNE 13, 1995

5. FEI Number
65-0946475

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$2.75 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 607.0605 or 617.0603, F.S.

Signature of Registered Agent

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date 7/2/09

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D/P	RICHARD ADAM NORWITT	358 HALL AVENUE	WALLINGFORD, CT 06492
D/V/ CEO	DIANA G. REARDON	358 HALL AVENUE	WALLINGFORD, CT 06492
GM	SUBRAMANIAM KATRAGADDA	2400 CENTREPARK WEST DRIVE	WEST PALM BEACH, FL 33409
VP	ZACHARY W. KALEY	358 HALL AVENUE	WALLINGFORD, CT 06492
VP	CRAIG A. LAMPO	358 HALL AVENUE	WALLINGFORD, CT 06492
C	JULIE RAYMOND	2400 CENTREPARK WEST DRIVE	WEST PALM BEACH, FL 33409

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.

EDWARD C. WETMORE, VP, SECY. & GEN. COUNSEL

SIGNATURE:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/2/09

Date

203/265-8900

Daytime Phone #