

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
03 OCT 28 PM 12:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000008088

1. Corporation Name

DRS TACTICAL SYSTEMS, INC.

Principal Place of Business

Mailing Address

3520 US HWY 1 NE  
PALM BAY FL 32905

3520 US HWY 1 NE  
PALM BAY FL 32905

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

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

01/27/1998

5. FEI Number

58-2487888

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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	4 City / State / Zip
X/P	MCNEIGHT, RICHARD P	3520 US HWY 1 NE	PALM BAY FL 32905
<del>OFF</del>	<del>ZSKO, JOHN</del>	<del>1015 A WEST WASH BLVD.</del>	<del>MELBOURNE FL 32801</del>
T	RICHARD A. SCHNEIDER	5 SYLVAN WAY	PARSIPPANY, NJ 07054
S/O	NINA L. DUNN	5 SYLVAN WAY	PARSIPPANY, NJ 07054
O	MARK S. NEWMAN	5 SYLVAN WAY	PARSIPPANY, NJ 07054

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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 named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0506, F.S.

CONNIE BRYAN  
SPECIAL ASSISTANT SECRETARY

Signature of Registered Agent

*Connie Bryan*

Date 10/28/2003

REGISTERED AGENT MUST SIGN

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 and the names of individuals listed on this form do not qualify for an exemption under section 118.07(3)(b), 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:

*Richard P. McNeight*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/27/03 (321) 727-3670  
Daytime Phone # 23048

Florida Department of State  
Division of Corporations  
Public Access System

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To:

Division of Corporations  
Fax Number : (850) 205-0384

From:

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

CORPORATION REINSTATEMENT

DRS TACTICAL SYSTEMS, INC.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$758.75

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