

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 99 AUG -9 AM 11:59 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # S16521 1. Corporation Name LEA DYNATECH CORPORATION					
Principal Place of Business INACTIVE		Mailing Address C/O DYNATECH CORP. 3 N.E. EXEC. PARK BURLINGTON, MA 01803			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, if Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Office Address, if Applicable Suite, Apt. #, etc. City & State Zip Country		4. Date Incorporated or Qualified To Do Business in Florida 12/5/90 5. FEI Number Applied For 06-1310442 Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>				6.75 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)					
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
Pres. + Dir.	Robert W. Woodbury, Jr.	c/o Dynatech Corp. 3 N.E. Exec. Park	Burlington, MA 01803		
Treas. + Dir.	Allan M. Kline	c/o Dynatech Corp. 3 N.E. Exec. Park	Burlington, MA 01803		
Sec'y + Dir.	Mark V.B. Tremallo	c/o Dynatech Corp. 3 N.E. Exec. Park	Burlington, MA 01803		
				300002969163--8 08/25/99 01004 010 ***1200.00 ***1200.00	
8. Name and Address of Current Registered Agent CT Corporation System Registered Office 1200 South 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 Zip Code FL			
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0506, F.S. Signature of Registered Agent EDWARD GWISDALLA Assistant Vice President Date 8-3-99 REGISTERED AGENT MUST SIGN					
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)					
12. 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 name of individuals listed on this form do not qualify for an exemption under section 119.07(3)(f), 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:				7/29/99 781/221-2006 Date Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					