


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM **FILED**

07 FEB 12 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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02/21/07--01028--020 **1093.75

REINSTATEMENT 05-07

CORPORATION REINSTATEMENT 		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S66406 1. Corporation Name MTS Technologies, Inc.			
2. Principal Office Address - No P.O. Box # 2800 Shirlington Road Suite, Apt. #, etc. Suite 1000 City & State Arlington, Virginia Zip Country 22206 USA		3. Mailing Office Address 2800 Shirlington Road Suite, Apt. #, etc. Suite 1000 City & State Arlington, Virginia Zip Country 22206 USA	
7. Name and Address of Current Registered Agent Name Ann R. Shilling c/o Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street Suite, Apt. #, Etc. City State Zip Code Tallahassee FL 32301		4. Date Incorporated or Qualified To Do Business in Florida 07/16/1991 5. FEI Number 59-3082029 Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.75 Additional Fee required for a Certificate of Status <input checked="" type="checkbox"/> 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 <u>Ann R. Shilling</u> Date <u>1/25/07</u> REGISTERED AGENT MUST SIGN			
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
PDTS	Daniel T. Perkins	2800 Shirlington Rd #1000	Arlington, VA 22206
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: <u>Daniel T. Perkins</u> Date <u>1/25/07</u> (703) 575-2900 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

2/2/14