

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 MAY 23 AM 7:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # S66406**

1. Corporation Name  
MTS Technologies, Inc.

2. Principal Office Address  
2800 Shirlington Road

3. Mailing Office Address  
814 A1A North

Suite, Apt. #, etc.  
STE 1000

Suite, Apt. #, etc.  
STE 307A

City & State  
Arlington, VA

City & State  
Ponte Vedra Beach, FL

Zip Country  
22206 USA

Zip Country  
32082 USA

4. Date Incorporated or Qualified  
To Do Business in Florida July 1991

5. FEI Number Applied For  
59-3082029 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  
Richard Scott Draughon

Street Address (P.O. Box Number is Not Acceptable)  
814 A1A North,

Suite, Apt. #, Etc.

Suite 307A

City

Ponte Vedra Beach, FL

State  
FL

Zip Code  
32082

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

REGISTERED AGENT MUST SIGN

Date 5/9/03

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
PDS	Daniel T. Perkins	2800 Shirlington Road	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 under section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daniel T. Perkins

Date

5/6/03

Daytime Phone #

703-575-2950

CR2E081 (10/02)

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