PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS SECRETARY OF STATE TALLAHASSEE, FLORIDA 1. Corporation Name MTS Technologies, Inc. 2. Principal Office Address 2800 Shirlington Road 814 AlA North Suite, Apt. #, etc. STE 1000 STE 307A City & State Arlington, VA Zip 22206 Country 21p 22206 Country 21p 22206 To De Gountry 22p 22206 To De Gountry 23p 24 Country 25p 26 Certificate Of Status Desired To De Gountry 25p				
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Signature of Signa	CR2E081 (10/02			
Registered Agent Date 3/7/03 REGISTERED AGENT MUST SIGN	CR2			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)	1			
Titles Name of Street Address of Each Officers and/or Directors Officer and/or Director City / State / Zip				
PDTS Daniel T. Perkins 2800 Shirlington Road Arlington, VA 22206				
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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 peid 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.				
Daniel T. Perkins 1/0 3 703-575-2950				
SIGNATURE: Daniel T. Perkins 5/6/03 703-575-2950 SIGNATURE: Daytime Phone #	1			

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