PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
04 APR 16 PM 4:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V08039

REINSTATEMENT 03-04

1. Corporation Name
MTS Instruments, Inc.

2. Principal Office Address		3. Mailing Office Address	
1295 SW 29th Avenue		One Johnson & Johnson Plaza	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	WH-3163
City & State	Pompano Beach, FL	City & State	New Brunswick, NJ
Zip	33069	Zip	08933
Country	USA	Country	USA

4. Date Incorporated or Qualified To Do Business in Florida: January 21, 1992

5. FEI Number: 65-0309948 ☐ Applied For ☐ 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: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation | State: FL | Zip Code: 33324

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: Stephen Adamo STEPHEN ADAMO ASSISTANT SECRETARY
REGISTERED AGENT MUST SIGN

Date: April 16, 2004

ORDER# [10002]

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
D/P	Steven M. Rosenberg	One Johnson & Johnson Plaza	New Brunswick, NJ 08933
V	Michael D. Coughlin	One Johnson & Johnson Plaza	New Brunswick, NJ 08933
S	Michael D. Coughlin	One Johnson & Johnson Plaza	New Brunswick, NJ 08933

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: Michael Coughlin MICHAEL D. COUGHLIN 04/14/2004 732-524-2016
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FL010 - 10/01/2003 C T System Online

Florida Department of State
Division of Corporations
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CORPORATION REINSTATEMENT

MTS INSTRUMENTS, INC.

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