

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

16 JUN -7 AM 8:29

TALLAHASSEE, FLORIDA

CR2E081 (11/10)

CORPORATION REINSTATEMENT
2009-2016



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F00000005431**

1. Corporation Name
**SHAFFER, WILSON, SARUER & GRAY,
A PROFESSIONAL CORPORATION**

2. Principal Office Address - No P.O. Box #
555 HERNDON PARKWAY

Suite, Apt. #, etc.
SUITE 260

City & State
HERNDON, VA

Zip Country
20170 USA

3. Mailing Office Address
555 HERNDON PARKWAY

Suite, Apt. #, etc.
SUITE 260

City & State
HERNDON, VA

Zip Country
20170 USA

4. Date Incorporated or Qualified To Do Business in Florida
09/28/2000

5. FET Number
54-1361147

6. CERTIFICATE OF STATUS DESIRED
YES

7. Name and Address of Current Registered Agent

Name
URS AGENTS, LLC

Street Address (P.O. Box Number is Not Acceptable)
3458 LAKESHORE DR

Suite, Apt. #, Etc.

City State Zip Code
TALLAHASSEE FL 32312

700286615397
06/07/16--01026--021 **1808.75

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 **Christian Eubanks, Assistant Secretary** Date **05/31/2016**
REGISTERED AGENT MUST SIGN

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
P/D	RAY SHAFFER	11921 (HAMPTON) LAKE CT.	HERNDON, VA, 20170
T/D	DON GRAY	13603 BROCKMEYER CT.	CHANTILLY, VA 20151
S/D	DAVE SARUER	19100 FIEBLE LANE	LEESBURG, VA 20175

10. E-mail Address: **RAY@SW56.PC.COM**
(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE: **RAY SHAFFER** Date **05/31/16** 703 471 6803
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR