

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 NOV 14 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F000000009077

1. Corporation Name

EMERGENT INFORMATION TECHNOLOGIES - EAST, INC.

2. Principal Office Address

4695 MACARTHUR COURT

3. Mailing Office Address

4695 MACARTHUR COURT

Suite, Apt. #, etc.

8TH FLOOR

Suite, Apt. #, etc.

8TH FLOOR

City & State

NEWPORT BEACH, CA

City & State

NEWPORT BEACH, CA

Zip

92660

Country

ORANGE

Zip

92660

Country

ORANGE

4. Date Incorporated or Qualified

To Do Business in Florida 12/20/2000

5. FEI Number

541035921

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

NRAI SERVICES INC.

500004693575--0

11/26/01-01071-001

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

526 EAST PARK AVENUE

****558.75 ****558.75

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32301

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.

NRAI SERVICES INC.

Signature of Registered Agent BY: C. Baclet C. Baclet, VP

Date 11-14-01

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
PLEASE SEE ATTACHED			

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

Date

Daytime Phone #

11-8-01 (949) 975-1487

Page 2 of 2

Emergent Information Technologies – East
(wholly-owned subsidiary of Emergent Information Technologies, Inc.)
formerly known as Decision-Science Applications, Inc.

ATTACHMENT

Current Board of Directors:

Steven S. Myers
Cathy L. Wood
Albert S. Nagy

Chairman
Director
Director

4695 MacArthur Ct., 8th Fl., Newport Beach, CA 92660
4695 MacArthur Ct., 8th Fl., Newport Beach, CA 92660
4695 MacArthur Ct., 8th Fl., Newport Beach, CA 92660

Current Officers:

Steven S. Myers
Ronald S. Oxley
Cathy L. Wood
Nati Sedaghat
Imna Y. Eggert

President
Group President and General Manager
Chief Financial Officer and Corporate Secretary
VP, Corporate Controller
Assistant Corporate Secretary

4695 MacArthur Ct., 8th Fl., Newport Beach, CA 92660
2600 Park Tower Drive, Ste 800, Vienna, VA 22180
4695 MacArthur Ct., 8th Fl., Newport Beach, CA 92660
4695 MacArthur Ct., 8th Fl., Newport Beach, CA 92660
4695 MacArthur Ct., 8th Fl., Newport Beach, CA 92660

Mailing Address:

CORP/DIRECT AGENTS, INC. (formerly CCRS)
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: CINDY HICKS

DATE: 11-14-01

REF. #: 0173. 3242

CORP. NAME: Emergent Information Technologies East, Inc

- | | | |
|--|---|--|
| ☐ ARTICLES OF INCORPORATION | ☐ ARTICLES OF AMENDMENT | ☐ ARTICLES OF DISSOLUTION |
| ☐ ANNUAL REPORT | ☐ TRADEMARK/SERVICE MARK | ☐ FICTITIOUS NAME |
| ☐ FOREIGN QUALIFICATION | ☐ LIMITED PARTNERSHIP | ☐ LIMITED LIABILITY |
| ☒ REINSTATEMENT | ☐ MERGER | ☐ WITHDRAWAL |
| ☐ CERTIFICATE OF CANCELLATION | ☐ UCC-1 | ☐ UCC-3 |
| ☐ OTHER: | | |

STATE FEES PREPAID WITH CHECK# 3091 FOR \$ 558.75

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

COST LIMIT: \$

PLEASE RETURN:

- | | | |
|---|---|--|
| ☐ CERTIFIED COPY | ☐ CERTIFICATE OF GOOD STANDING | ☒ PLAIN STAMPED COPY |
| ☒ CERTIFICATE OF STATUS | | |

Examiner's Initials