· Andrews PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| | | | ···· | | 1 | 1 | ., | | | | |
|--|--------------------------------------|---|---|---|---|-----------------------|-----------------------|----------|------------|-------------|--|
| | PORATI | | FLORIDA DEPART Jim S Secretary NVISION OF CO | Smith | 03 JAN -7 PH IZ: 05 SECRETARY OF STATE TAILARASSEE FLOCIDA | | | | | | |
| DOCUMENT # F01000001569 1. Corporation Name | | | | | | | | | | | |
| 209-M | adison | ems, Inc. St., Ste. 500 Va. 22314 | | | | | | | | | |
| 2. Principal Office Address 3. N | | | 3. Mailing Office Addres | 3. Mailing Office Address | | | | | | | |
| 124 East Miracle Strip Pky. | | | . 209 Madiso | 9. 11 | | | | | | | |
| | | | Suite, Apt. #, etc. Suite 500, E | 4. Date Incorport | | Qualified orida Ma | rch 2 | 0, 2 | 001 | | |
| City & State | | | City & State | | 5. FEI Number | | | | Appi | lied For | |
| Mary Esther, Fl.32569-1330 | | | | | 54–1 | L2492 | 57 | | Not / | Applicable | |
| Zip | | Country . | Zip | Country | 6. CERTIFICATE | OF STATU | IS DESIRED 🛚 | | | ee required | |
| 32569 | -1330 | US | 22314 | US Address of Current Register | <u> </u> | 0. 0 | | for a Co | ertificate | of Status | |
| | Street Add Suite, Apt City | Anthony Jenning dress (P.O. Box Number is Noted 124 East Mirac #, Etc. Suite 202 Mary Esther, F | | | 2100306 Zip Code 32569-1 | <u>12 **</u> | 5 308. | 75 | | | |
| 8. I, being | appointed th | e registered agent of the abo | ve named corporation, am | familiar with and accept the c | obligations of section | n 607.05 | 05 or 617.0503, | F.S. | | | |
| Signature of Registered Agent REGISTERED AGENT MUST SIGN | | | | | | Date | Januar | | 2003 | 3 | |
| 9. Names | and Street A | Addresses of Each Officer and | d/or Director (Florida nonpr | ofit corporations must list at le | east 3 directors) | | | | | | |
| Titles | Name of Officers and/or Directors | | | Street Address of Each Officer and/or Director | | | City / State / Zip | | | | |
| PD | Terry Ryan | | | 209 Madison St. | | | Alexandria, Va. 22314 | | | | |
| VPD | Anna Hogan | | | 209 Madison St. | | | Alexandria, Va. 22314 | | | | |
| VPD | Russell Scholl | | | 209 Madison St. | | | Alexandria, Va. 22314 | | | | |
| S | Pamel | Pamela Kadlubek 209 Madison St. | | | | Alexandria, Va. 22314 | | | | | |
| 110 | Miko | Fagan | . 209 1 | Madison St. | | Alex | andria, | Va. | 22314 | 4 | |

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.

209 Madison St.

209 Madison St.

SIGNATURE:

۷P

Mike Fagan

Herbert Kemp

Russell Scholl SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/2/03

(703) 684-2900

<u>Alexandria, Va</u>

Additional Officers

Mr. Jeffrey C. Bradford - Vice President 5100 Springfield Pike Dayton, Oh. 45432 Mr. Henry Mason - Vice President 209 Madison St. Alexandria, Va. 22314 Mr. David E. Sterling - Vice President 209 Madison St. Alexandria, Va. 22314

Additional Directors

Mr. Peter Marino - Director
209 Madison St. Alexandria, Va. 22314
Dr. Charles Morefield - Director
209 Madison St. Alexandria, Va. 22314
Mr. Terry M. Ryan - Director
209 Madison St. Alexandria, Va. 22314
Mr. David E. Sterling - Director
209 Madison St. Alexandria, Va. 22314
Mr. Theodore Wong - Director
209 Madison St. Alexandria, Va. 22314
Mr. Gary Batie - Director
209 Madison St. Alexandria, Va. 22314

Mr. John Entzminger - Director

209 Madison St. Ālexandria, Va. 22314



209 Madison Street, Suite 500 Alexandria, Virginia 22314 703 684-2900 Fax 703 684-2960

Department Of State Division Of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

31 December 2002

Dear Sir or Madam,

Enclosed is our reinstatement application along with the filing fee to bring us current through December 31, 2003. We are requesting that the \$600.00 reinstatement fee be waived; we don't have record of receiving a request for annual filing.

Please feel free to contact me at (703) 684-2336 if more information is needed.

Thank you,

Laura Kretzing Finance Specialist

Jaura Kr