PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 NOV -4 PM 1:39

DOCUMENT # F92000000429

1. Corporation Name

ANSTEC, Inc.

Principal Place of Business	Mailing Address
1410 Spring Hill Road Suite 500 McLean, VA 22102-3008	1410 Spring Hill Road Suite 500 McLean, VA 22102-3008

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 92-65

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 11/24/92

5. FEI Number: 54-1203408 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres/ CEO	Satyendra P. Shrivastava	12712 Kentstone Way	Fairfax, VA 22030
EVP	Sumeet Shrivastava	13122 Forest Mist Lane	Fairfax, VA 22033
VP	Amar Shrivastava	233 McAuliff Court	Somerset, NJ 08823
Sec/ Treas.	Sudha Shrivastava	12712 Kentstone Way	Fairfax, VA 22030

8. Name and Address of Current Registered Agent

CT Corporation Systems
1200 South Pine Island Road
Plantation, FL 33324

9. Name and Address of New Registered Agent

Name: 300003058943--8 -11/09/99--01010--021

Street Address (P.O. Number is Not Acceptable): ***1058.75 ***1058.75

Suite, Apt. #, Etc.:

City: | State: FL | Zip Code:

CR2E081 (12/98)

10. I being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: [signature] Date: 11/03/99
REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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: S. P. Shrivastava 11/3/99 703.848.7200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #