

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

04 JUN 28 AM 11:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1846

REINSTATEMENT 03-04
800038318098
06/28/04--01050--019 **750.00

CORPORATION REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name
The CENTECH Group, Inc

4600 North Fairfax Dr.
4600 North Fairfax Dr. *F95000005249*

2. Principal Office Address
4600 North Fairfax Dr.

3. Mailing Office Address
4600 North Fairfax Dr.

4. Date incorporated or Qualified To Do Business in Florida 4/01/88

5. FEI Number 541488852 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name
Mark Reuther - Zachris, Inc.

Street Address (P.O. Box Number is Not Acceptable)
403 NE 8th Street

City
Fort Lauderdale

State
FL

Zip Code
33304

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0603 or 617.0603, F.S.

Signature of Registered Agent *[Signature]* Date *6/7/04*

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	GALAVIZ, FERNANDO V	4600 North Fairfax Dr.	Arlington, VA 22203
V	HARRIS, PHILLIP	4600 North Fairfax Dr.	Arlington, VA 22203
V	WHEELER, JOHN R	4600 North Fairfax Dr.	Arlington, VA 22203
D	GALAVIZ, LINDA	4600 North Fairfax Dr.	Arlington, VA 22203
D	GALAVIZ, ANDRES	4600 North Fairfax Dr.	Arlington, VA 22203

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 taxes 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(2)(b), 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]* **KENNETH M. WILLIAMS** SR VP-CEO 6/4/04 (703) 525-9944

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Distinguishing Number