

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT

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



DOCUMENT # **F97000003230**

1. Corporation Name  
**HIMES ASSOCIATES, LTD. CORPORATION**

FILED

01 OCT 23 PM 4: 58  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

~~2455 E. SUNRISE BLVD~~ ~~SUNRISE BLVD~~  
~~SUITE 815~~ ~~SUITE 815~~  
~~FT. LAUDERDALE FL 33304~~ ~~FT. LAUDERDALE FL 33304~~  
~~US~~ ~~US~~



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

2. New Principal Office Address, If Applicable  
**429 SEABREEZE BLVD**  
 Suite, Apt. #, etc. **SUITE 210**  
 City & State **Ft. Lauderdale FL**  
 Zip **33316** Country **US**

3. New Mailing Office Address, If Applicable  
**429 SEABREEZE BLVD**  
 Suite, Apt. #, etc. **Suite 210**  
 City & State **Ft. Lauderdale FL**  
 Zip **33316** Country **US**

4. Date Incorporated or Qualified To Do Business in Florida **06/19/1997**

5. FEI Number **54-1383719** 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	4 City / State / Zip
PCEO	HIMES, PAUL	10600 ARROWHEAD DRIVE STE 110	FAIRFAX VA 22030
<del>ST</del>	<del>BRADLEY, KIMBERLY S</del>	<del>10600 ARROWHEAD DRIVE STE 110</del>	<del>FAIRFAX VA 22030</del>
EV	RIVERS, MARK S	10600 ARROWHEAD DR STE 110	FAIRFAX VA
RV	FAULKENBERRY, JOHN T	2455 SE SUNRISE BLVD STE 815	FORT LAUDERDALE FL 33304
<del>RV</del>	<del>BOER, SCOTT D</del>	<del>2455 SE SUNRISE BVD STE 815</del>	<del>FORT LAUDERDALE FL 33304</del>

8. Name and Address of Current Registered Agent

**FAULKENBERRY, JOHN T**  
 245 S.E. SUNRISE BLVD  
 SUITE 815  
 FT. LAUDERDALE FL 33304

9. Name and Address of New Registered Agent

Name **John T Faulkenberry**  
 Street Address (P.O. Box Number is Not Acceptable) **429 SEABREEZE BLVD**  
 Suite, Apt. #, Etc. **SUITE 210**  
 City **Ft. LAUDERDALE** State **FL** Zip Code **33316**

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 *John Faulkenberry*  
 REGISTERED AGENT MUST SIGN

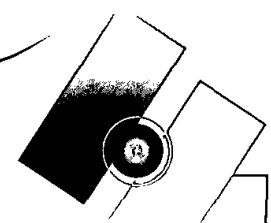
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 -12/11/01--01008--001  
 \*\*\*\*150.00 \*\*\*\*150.00  
 Date **10/17/01**

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., 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: *Paul E. Himes*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PAUL E. HIMES**  
 Date **10.19.01** Daytime Phone # **783 591 7672**

CR2ED40 (9/01)

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October 18, 2001

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**HIMES**  
ASSOCIATES, LTD.

**Re: Himes Associates, Ltd.**  
**FEI 54-1383719**  
**Document # F97000003230**

To Whom It May Concern:

We received the Florida Department of State notice of administrative dissolution or revocation form. This letter is to inform the Florida Department of State that Himes Associates, Ltd. did not receive the 2001 annual report/uniform reports form. Please be assured that if we had received the form, the filing would have been submitted on a timely manner.

We ask that you review our case respectfully, and waive the reinstatement fee. Please accept the fee of 150.00 made payable to the Department of State, as indicated by one of your representatives, Michelle.

Should you have any questions, please contact me directly at 703 277-2185.

Thank you for your assistance.

Sincerely,

Paul E. Himes.  
President & CEO

Enclosures

10600 Arrowhead Drive

Suite 110

Fairfax, VA 22030

Phone: 703.591.7272

Fax: 703.591.7284

[www.himesassociates.com](http://www.himesassociates.com)