


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FILED**

**09 APR 28 AM 10:57**  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**



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

**DOCUMENT # F97000005054**

**1. Corporation Name**  
 EXPLUS, INC.

<b>2. Principal Office Address - No P.O. Box #</b> 44156 MERCURE CIRCLE		<b>3. Mailing Office Address</b> SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State STERLING, VA		City & State	
Zip 20166	Country USA	Zip	Country

900153338849  
 04/28/09--01040--013 \*\*1800.00

**REINSTATEMENT 02-09**

**4. Date Incorporated or Qualified To Do Business in Florida** INCORP 12/23/82

<b>5. FEI Number</b> 54-1222502	Applied For <input type="checkbox"/> Not Applicable
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**6. CERTIFICATE OF STATUS DESIRED**  \$6.75 Additional Fee required for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name  
C T Corporation System

Street Address (P.O. Box Number is Not Acceptable)  
1200 South Pine Island Road

Suite, Apt. #, Etc.

City Plantation	State FL	Zip Code 33324
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The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

**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.**

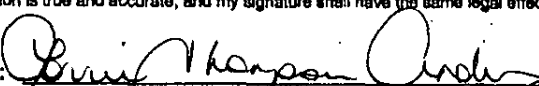
Signature of Registered Agent  **Anusia Pully**  
 Vice President and Assistant Secretary Date **4/29/09**

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
PR/DIR	Duncan T. Burt	44156 Mercure Circle	Sterling, VA 20166
VP/DIR	Ronald L. Beach	44156 Mercure Circle	Sterling, VA 20166
SEC	Lorrie Thompsen Andrews	44156 Mercure Circle	Sterling, VA 20166

**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 contained in Chapter 119, 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:**  **Lorrie Thompsen Andrews**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **4/27/09** Daytime Phone # **7032600780**

5/10