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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
09 OCT -8 PM 4:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F99000003791

1. Corporation Name

VASTERA, INC.

2. Principal Office Address - No P.O. Box #

45025 AVIATION DRIVE

Suite, Apt. #, etc.

SUITE 150

City & State

DULLES VA

Zip

20166

Country

US

3. Mailing Office Address

45025 AVIATION DRIVE

Suite, Apt. #, etc.

SUITE 150

City & State

DULLES VA

Zip

20166

Country

US

REINSTATEMENT

CRZE081 (10/08)

4. Date Incorporated or Qualified
To Do Business in Florida

JULY 25, 1996

5. FEI Number

54-1616513

Applied For

Not Applicable

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

7. Name and Address of Current Registered Agent

Name

CT 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

☒ 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

[Signature]

or

Joel A. Rodriguez
Corporate Ops. Manager

Date

10/8/08

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	Bruce Proctor	45025 AVIATION DRIVE	DULLES, VA 20166
Director	Brian D. Henderson	45025 AVIATION DRIVE	DULLES, VA 20166
Director	Bernard J. Hart	45025 AVIATION DRIVE	DULLES, VA 20166
Director	Tod R. Burwell	45025 AVIATION DRIVE	DULLES, 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:

Brian D. Henderson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/8/08

Date

703-661-9206

Daytime Phone #

10/8
aw

Florida Department of State
Division of Corporations
Public Access System

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To:

Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5926

CORPORATION REINSTATEMENT

VASTERA INC.

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$750.00

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