PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 MAR 18 AM 8:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 02-03

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03/18/03--01018--006 **908.75

DOCUMENT #
1. Corporation Name P01000077251

CAS Communications, Inc.

2. Principal Office Address	3. Mailing Office Address
22011 N. Woodstock St.	22011 N. Woodstock St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Arlington VA	City & State: Arlington VA
Zip: 22207 Country: USA	Zip: 22207 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 13-3134389 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: James G. Dodrill II, Esq.
Street Address (P.O. Box Number is Not Acceptable): 5800 Hamilton Way
Suite, Apt. #, Etc.:
City: Boca Raton State: FL Zip Code: 33496

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: James G. Dodrill II Date: 3/13/03
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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, Sec, D	Anthony Hobbs Bisardi	22011 North Woodstock St ~~Arlington, VA 22207~~	Arlington, VA 22207
T, Chmn of Bd	Andrew Banson	20 Park Plaza, #463	Boston, MA 02116
D	Richard Uebhaber	1100 Chain Bridge Rd	McLean, VA 22101

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 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: Andrew Banson 3/12/03 617-948-2680
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #