

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 JAN 25 AM 2:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P091053**

1. Corporation Name

ENSCO, Inc.

2. Principal Office Address

5400 Port Royal Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

5400 Port Royal Rd.

Suite, Apt. #, etc.

City & State

Springfield, VA

City & State

Springfield, VA

Zip

22151

Country

USA

Zip

22151

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/03/1986

5. FEI Number

54-1250229

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name

Jack Kirschenbaum

100004850711-4

Street Address (P.O. Box Number is Not Acceptable)

1800 West Hibiscus Blvd.

~~01/31/02-01051-008~~

1208.75 **283.75

Suite, Apt. #, Etc.

Suite 138

1,208.75
Bm

City

Melbourne

State

FL

Zip Code

32901

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

REGISTERED AGENT MUST SIGN

Date

1/24/02
LS

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
CEO	Paul W. Broome, III	3093 Windsong Drive	Oakton, VA 22124
DP	Gregory B. Young	8061 Athena Street	Springfield, VA 22153
DS	Joanne McDonald	15824 Sheads Mountain Rd.	Rixeyville, VA 22737
T	Milan Bogdanovic	5328 Chandley Farm Cr.	Centreville, VA 20120
D	Robert W. White	701 Amberson Lane	Pittsburgh, PA 15232
D	W. Preston Wilson	12 Amberwood Lane	Littleton, CO 80127

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

Milan Bogdanovic

1/23/02

(703) 321-4451

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #