


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**

04 JUN 15 AM 10:47

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # P09653**

1. Corporation Name

**ENSCO, INC.**

Principal Place of Business

Mailing Address

5400 PORT ROYAL RD.  
 SPRINGFIELD VA 22151

5400 PORT ROYAL RD.  
 SPRINGFIELD VA 22151

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



4. Date Incorporated or Qualified To Do Business in Florida **04/03/1986**

5. FEI Number **54-1250229**

6. CERTIFICATE OF STATUS DESIRED  **38.75 Additional Fee required for a Certificate of Status**

Applied For  
 Not Applicable

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
CEO	BROOME, PAUL W III	3093 WINDSONG DRIVE	OAKTON VA 22124
DP	YOUNG, GREGORY B	8061 ATHENA STREET	SPRINGFIELD VA 22153
DS	MCDONALD, JOANNE	15824 SHEADS MOUNTAIN RD.	RIXEYVILLE VA 22737
T	BOGDANOVIC, MILAN	5328 CHANDLEY FARM CR.	CENTREVILLE VA 20120
D	WHITE, ROBERT W	701 AMBERSON LANE	PITTSBURGH PA 15232
D	WILSON, W. PRESTON	12 AMBERWOOD LANE	LITTLETON CO 80127

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**KIRSCHENBAUM, JACK A**  
 1800 WEST HIBISCUS BLVD.  
 STE. 138  
 MELBOURNE FL 32901

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 Suite, Apt. #, Etc. **200037982282**  
 City **06/15/04 01050 003 \*\*908 75** State **FL** Zip Code

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. or 617.0505, F.S.

Signature of Registered Agent *X*

*MILAN BOGDANOVIC*  
 REGISTERED AGENT MUST SIGN

Date

*6/11/04*

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:

*MILAN BOGDANOVIC*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*6-10-04*  
 Date

*703-321-4450*  
 Daytime Phone #

CR2E040 (7/03)