

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 26 PM 4: 23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 32860

1. Corporation Name

Nuclear Service Organization Inc.

2. Principal Office Address

1201 Market St.

Suite, Apt. #, etc.

Suite 1200

City & State

Wilmington DE

Zip

19801

Country

USA

3. Mailing Office Address

1201 Market St.

Suite, Apt. #, etc.

Suite 1200

City & State

Wilmington DE

Zip

19801

Country

USA

300025525753
12/16/03--01034--009 **300.00
REINSTATEMENT 01-03

4. Date Incorporated or Qualified
To Do Business in Florida

2/19/91

5. FEI Number

36-3166108

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

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee,

State

FL

Zip Code

32301

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

Brian Courtney
Asst. V. Pres.

Date

11/26/03

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
President	Gregory G. Wilks	1201 Market St. Suite 1200	Wilmington DE 19801
Treasurer	Richard White	1201 Market St. Ste. 1200	Wilmington DE 19801
Secretary	Peter Cavanaugh	1201 Market St. Ste. 1200	Wilmington DE 19801
Director	Quentin Jackson	1201 Market St. Ste. 1200	Wilmington DE 19801

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/24/03
Date

302-573-2273
Daytime Phone #

CR2E081 (10/02)