

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JAN -9 AM 10:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 248380

1. Corporation Name

AMERICAN SMALL BUSINESS INVESTMENT COMPANY

2. Principal Office Address

4141 N. HENDERSON ROAD

3. Mailing Office Address

4141 N. HENDERSON ROAD

Suite, Apt. #, etc.

SUITE 8

Suite, Apt. #, etc.

SUITE 8

City & State

ARLINGTON, VA

City & State

ARLINGTON, VA

Zip

22203

Country

U.S.A.

Zip

22203

Country

U.S.A.

**4. Date Incorporated or Qualified
To Do Business in Florida**

JUNE 13, 1961

5. FEI Number

59-1167138

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 22-04

7. Name and Address of Current Registered Agent

Name

ARTHUR L. WALTERS, III

Street Address (P.O. Box Number is Not Acceptable)
13985 75th AVENUE, N.

900026978799

01/14/04 01065 036 ***3782.75

Suite, Apt. #, Etc.

City

SEMINOLE

State
FL

Zip Code

33776

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

Arthur L. Walters III
REGISTERED AGENT MUST SIGN

Date

1-2-04

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
D/P	Arthur L. Walters	4935 30th Street, N.	Arlington, VA 22207
D/S	Lily D. Walters	4935 30th Street, N.	Arlington, VA 22207
D/V	Mark W. Walters	6615 Colchester Road	Clifton, VA 20124
CFO	Thomas E. Goodfellow	7902 Towerbell Court	Annandale, VA 22003

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

ARTHUR L. WALTERS

1/2/2004

Date

703-527-5200

Daytime Phone #