

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

03 OCT 23 PM 1:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **465846**

1. Corporation Name

**ELECTROMECHANICAL SYSTEMS, INC.**

Principal Place of Business

Mailing Address

~~6200 118TH AVE. NORTH~~  
~~LARGO FL 33773~~  
~~US~~

6801 ROCKLEDGE DR.  
BETHESDA MD 20817

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

2. New Principal Office Address, If Applicable

6801 Rockledge Drive

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Bethesda, MD

City & State

Zip  
20817

Country

Zip

Country

REINSTATEMENT 03

4. Date Incorporated or Qualified  
To Do Business in Florida

12/02/1974

5. FEI Number

59-1574736

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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
AS	<del>BENNETT, DANA L</del> Barrett, Karen J.	6801 ROCKLEDGE DR	BETHESDA MD 20817
D	BLOCK, MARIAN S	6801 ROCKLEDGE DR	BETHESDA MD 20817
P	MACLAUCHLAN, JEFFREY	6801 ROCKLEDGE DR	BETHESDA MD 20817
VPSD	TRIPPE, LILLIAN M	6801 ROCKLEDGE DRIVE	BETHESDA MD 20817
DVPA	DEDMAN, DAVID A	6801 ROCKLEDGE DRIVE	BETHESDA MD 20817
<del>AS</del> AT	IDE, MARCUS B	6801 ROCKLEDGE DRIVE	BETHESDA MD 20817

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

800024050198

City

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

*Christopher K. Farrell*

REGISTERED AGENT MUST SIGN

Date

10/22/2003

11. I certify that I am an officer or director of 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:

*Karen J. Barrett*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/17/03

Daytime Phone #

(301) 897-6000

CR2E040 (7/03)



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 290118 7160570

AUTHORIZATION :

*Patricia Pizzuto*

COST LIMIT : \$ 750.00

ORDER DATE : October 22, 2003

ORDER TIME : 10:27 AM

ORDER NO. : 290118-025

CUSTOMER NO: 7160570

CUSTOMER: Karen Barrett, M/p 207  
Lockheed Martin Corporation  
6801 Rockledge Drive

Bethesda, MD 20817

DOMESTIC FILINGS

NAME: ELECTROMECHANICAL  
SYSTEMS, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull

EXAMINER'S INITIALS \_\_\_\_\_

RECEIVED  
03 OCT 23 PM 12:53  
DIVISION OF CORPORATION