PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 99-00

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

APPROVED AND FILED

00 FEB 29 PM 1:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #540026

REINSTATEMENT 99-00

SP

1. Corporation Name
Metamor Government Solutions, Inc.

2. Principal Office Address	3. Mailing Office Address
4400 Post Oak Pkwy.	4400 Post Oak Pkwy
Suite, Apt. #, etc.: 1100	Suite, Apt. #, etc.: 1100
City & State: Houston, TX	City & State: Houston, Tx
Zip: 77027 Country: USA	Zip: 77027 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: May 25, 1977

5. FEI Number: 59-1741721 ☐ 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: CT Corporation

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

300003164373--4
-03/09/00--01097--003
****900.00 ****900.00

Suite, Apt. #, Etc.:

City: Plantation State: FL Zip Code: 33324

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: Jennifer M Burnett
REGISTERED AGENT MUST SIGN

Date

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	Larry E. Cease	3000 Corporate Pkwy	Birmingham, AL 35242
CEO	Peter T. Dameris	4400 Post Oak Pkwy	Houston, Tx 77027
Asst. Secretary SVP	Margaret B. Reed	"	"
EVP	Edward L. Pierce	"	300003164373--4 -03/09/00--01097--004 ******8.75 ******8.75
VP	Robert W. Newey	"	"
Assist Sec.	Beth Sibley	"	"

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: Beth Sibley Beth Sibley 2/28/00 (713)548-3466
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ASSISTANT SECRETARY