

H 0500027424413

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 843029					
1. Corporation Name AES Ocean Cay, Ltd. Corp.					
2. Principal Office Address 4300 Wilson Boulevard Suite, Apt. #, etc.			3. Mailing Office Address 4300 Wilson Boulevard Suite, Apt. #, etc.		
City & State Arlington, Virginia			City & State Arlington, Virginia		
Zip 22203	Country USA	Zip 22203	Country USA	4. Date incorporated or Qualified To Do Business in Florida 04/16/1979	
5. FEI Number 94 6296579				Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED ☒				\$275 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 32301-2525
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		Laura R. Dunlap as its agent		Date 11/29/05	
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	
D	Roger F. Nail	4300 Wilson Boulevard		Arlington, Virginia, 22203	
D	Barry J. Sharp	4300 Wilson Boulevard		Arlington, Virginia, 22203	
D	Sarah A. Slusser	4300 Wilson Boulevard		Arlington, Virginia, 22203	
P	Aaron T. Samson	4300 Wilson Boulevard		Arlington, Virginia, 22203	
V	Jodi Frost	4300 Wilson Boulevard		Arlington, Virginia, 22203	
S	Tham Nguyen	4300 Wilson Boulevard		Arlington, Virginia, 22203	
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)(b), 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: Tham Nguyen		Tham Nguyen		Date 11/29/05	703 682 6443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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Florida Department of State
Division of Corporations
Public Access System

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To:

Division of Corporations
Fax Number : (850)205-0384

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

CORPORATION REINSTATEMENT

AES OCEAN CAY, LTD. CORP.

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