

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-5384

From:

Account Name : Q T CORPORATION SYSTEM
Account Number : FEA000000023
Phone : (850) 222-1000
Fax Number : (850) 878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

CORPORATION REINSTATEMENT
VSE CORPORATION

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$900.00

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2010 APR -6 P 3: 25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 844099

1. Corporation Name

VSE Corporation

2. Principal Office Address - No P.O. Box #

2550 Huntington Avenue

Suite, Apt. #, etc.

City & State

Alexandria

Zip

VA

Country

22303

3. Mailing Office Address

2550 Huntington Avenue

Suite, Apt. #, etc.

City & State

Alexandria

Zip

VA

Country

22303

CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida 09/11/1979

5. FEI Number
540-649263

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, acknowledge and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Chris McNear
Assistant Secretary

Date 4/6/10

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	Maurice A. Gauthier	2550 Huntington Avenue	Alexandria, VA 22303
Director	Donald M. Ervine	2550 Huntington Avenue	Alexandria, VA 22303
Secretary	Thomas M. Kieman	2550 Huntington Avenue	Alexandria, VA 22303

REINSTATEMENT

09-10-10

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 contained in Chapter 119, 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

4/6/10 703-327-4605

Date

Daytime Phone #