

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 FEB 25 PM 8:53

**DOCUMENT # 847288**

1. Corporation Name  
**FAIRCHILD WESTON SYSTEMS INC**

500005050725--5  
-03/06/02--01064--022  
\*\*\*\*908.75 \*\*\*\*908.75

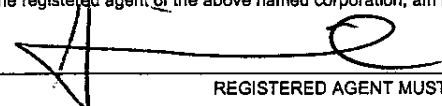
2. Principal Office Address <b>205 INDUSTRIAL BLVD</b>		3. Mailing Office Address <b>205 INDUSTRIAL BLVD</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>ATTN TAX DEPT</b>	
City & State <b>SUGAR LAND, TX</b>		City & State <b>SUGAR LAND, TX</b>	
Zip <b>77478</b>	Country <b>USA</b>	Zip <b>77478</b>	Country <b>USA</b>

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number <b>74-2117854</b>	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

**7. Name and Address of Current Registered Agent**

Name <b>NRH SERVICES, INC.</b>		
Street Address (P.O. Box Number is Not Acceptable) <b>526 EAST PARK AVE</b>		
Suite, Apt. #, Etc.		
City <b>TALLAHASSEE, FL</b>	State <b>FL</b>	Zip Code <b>32301</b>

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  Date **1/17/02**  
REGISTERED AGENT MUST SIGN **JOSEPH MIRRONE, V.P.**

**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
P	F.A. SORGIE	153 E. 53rd St., 57th Fl	NY, NY 10022
VP	L. FULD	153 E. 53rd St., 57th Fl	NY, NY 10022
S	E. SUMMER	153 E. 53rd St., 57th Fl	NY, NY 10022

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:  **ELLEN SUMMER**  
SECRETARY Date **1/12/02** 281-285-4345  
Daytime Phone #

CR2E081 (9/01)