FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

04 SEP 29 PM 4:37

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F00000001430

REINSTATEMENT 02-03

1. Corporation Name
SI International Application Development, Inc.

12012 Sunset Hills Road

2. Principal Office Address		3. Mailing Office Address	
12012 Sunset Hills Road			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 800			
City & State		City & State	
Reston, VA			
Zip	Country	Zip	Country
20190	USA		

4. Date Incorporated or Qualified To Do Business In Florida 03/16/2000

5. FEI Number 52-1089282 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ [illegible]

7. Name and Address of Current Registered Agent

Name
CT Corporation System

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

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: [signature] REGISTERED AGENT MUST SIGN Date: 09/29/04

CR2E061 (01/04)

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
CEO/D	Ray J. Oleson	12012 Sunset Hills Road, Suite 800	Reston, VA 20190
P/D	S. Bradford Antle	12012 Sunset Hills Road, Suite 800	Reston, VA 20190
T/D	Thomas E. Dunn	12012 Sunset Hills Road, Suite 800	Reston, VA 20190
S	James E. Daniel	12012 Sunset Hills Road, Suite 800	Reston, VA 20190

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: [signature] 09/29/04 703-234-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

9/29 ew

Florida Department of State
Division of Corporations
Public Access System

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CORPORATION REINSTATEMENT

SI INTERNATIONAL APPLICATION DEVELOPMENT, INC.

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