

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

02 NOV 15 AM 12:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F01000005114**

1. Corporation Name

**GENERAL DYNAMICS DECISION SYSTEMS, INC.**

Principal Place of Business

3190 FAIRVIEW PARK DRIVE  
FALLS CHURCH VA 22042

Mailing Address

3190 FAIRVIEW PARK DRIVE  
FALLS CHURCH VA 22042



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/28/2001

5. FEI Number

54-2051330

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	DAHLBERG, KENNETH C	3190 FAIRVIEW PARK DRIVE	FALLS CHURCH VA 22042
VD	SAVNER, DAVID A	3190 FAIRVIEW PARK DRIVE	FALLS CHURCH VA 22042
S	HOUSE, MARGARET N	3190 FAIRVIEW PARK DRIVE	FALLS CHURCH VA 22042
T	MANCUSO, MICHAEL J	3190 FAIRVIEW PARK DRIVE	FALLS CHURCH VA 22042

800009029428

11/15/02--01077--016 \*\*758.75

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

Judith B. Argao  
Asst. Secretary & Vice President  
REGISTERED AGENT MUST SIGN

Date

11/14/02

11. 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:

MARGARET N. HOUSE  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/13/02 703-896-3000

CR20040 (8/02)