PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State DIVISION OF CORPORATIONS

F01000005214 **DOCUMENT #**

1. Corporation Name

SIGN LANGUAGE ASSOCIATES, INC.

Principal Place of Business

Mailing Address

11160 VEIRS MILL RD., STE 506 SILVER SPRINGS MD 20902

11160 VEIRS MILL RD., STE 506 SILVER SPRINGS MD 20902

FILED

03 OCT 21 AM 10: 57

SECRETARY OF STATE TALLAHASSEE, FLORIDA

REMSTATEMENT or



7nnnssaess17

If above addresses are incorrect in any way, line through incorrect information and enter correction below.							10/21/0301056006 **158.75			
New Principal Office Address, If Applicable 3. New Ma				ling Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida 10/03/2001			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			~	5. FEI Number Applied		Applied For	
City & State			City & State						Not Applicable	
Zip Country			Zip Countr				6. CERTIFICATE OF STATUS DESIRED \$8,75 Additional Fee required for a Certificate of Status			
7. Names	and Street Ad	dresses of Each Officer and	1/or Director (Flo	rida nonprof	fit corporation	ns must list at lea	st 3 directors)			
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip			
P	BAILEY, JANET L			1600 N. OAK STREET, #1525			ARLINGTON VA			
\$	FITZGERA	LD, GWEN	8109 TOUCHSTONE TERRACE			MCLEAN VA	<u>.</u>			
D	STONE, K	AREN	1714 HOLLINWOOD DRIVE			ALEXANDRIA VA				
D	GAGAIN·III, EDWARD F				1506 LITTLE BROOK LANE			BRANDON FL		
D	BAILEY, SI	JE	4840 MOTGOMERY LANE			BETHESDA MA				
8. Name and Address of Current Registered Agent						Name and Address of New Registered Agent				
OAOAN IN EDIMADO E						Name EDWARD F. 6A6AIN II				
Gagain III, Edward F 100 N. Tampa St., #3550						Street Address (P.O. Box Number is Not Acceptable)				
TAMPA FL 33602						Suite, Apt. #, Etc.				
						AGMAT				p Code 33602

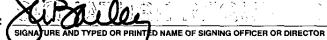
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

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:



10/14/03 301-962-301 Date Daylime Phon



October 14, 2003

Florida Department of State Division of Corporations Reinstatement Section PO Box 6327 Tallahassee, FL 32314-6327

Dear Sir or Madam:

We have received your Certificate of Administrative Dissolution or Revocation (Document # F01000005214). SLA did not receive the forms to provide this information in a timely manner. I have checked with our accounting office, our Tampa Services office and our Registered Agent.

We very much want to reinstate our business for the coming year. Enclosed please find the completed form signed by both our President and our Registered Agent. You will also find our check for \$158.75 to pay for the reinstatement fee and a certificate of status.

To assure that this will not happen again we have added the dates to our corporate filing calendar. We apologize for the delay in this process and hope that you will allow us to reinstate without penalty.

Should you require further information or need clarification on any of our information, please feel free to contact me via telephone 301-962-3048 or via email at <u>JLBailey@signlanguage.com</u>.

Sincerely,

Janet L. Bailey

President