PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2006 SEP -5 AM 10:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (12/05)

DOCUMENT # F02000000086

1. Corporation Name: DLT Solutions, Inc.

2. Principal Office Address	3. Mailing Office Address
13861 Sunrise Valley Drive	
Suite, Apt. #, etc.: Suite 400	Suite, Apt. #, etc.
City & State: Herndon VA	City & State
Zip: 20171 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business In Florida

5. FEI Number: 541599882 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

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

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: Barbara A Burke — Barbara A. Burke, Special Assistant Secretary — Date: 8 29 06
REGISTERED AGENT MUST SIGN

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	Rick Marcotte	918 Cowper Dr.	Raleigh, NC 27608
V	Craig Adler	9303 Silver Creek Ct	Fairfax Station/VA 22039

REINSTATEMENT 04-06

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09/12/06 00023-009 **1050.00

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] Richard Marcotte — Title: — 703-709-7172
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #