

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC -5 AM 8:00

DOCUMENT # **F02000000086**

1. Corporation Name

DLT SOLUTIONS, INC.

REINSTATEMENT *03*
MRD



400025253314

12/05/03--01031--008 **758.75

Principal Place of Business

Mailing Address

360 HERNDON PKWY, STE 700
HERNDON VA 20170

360 HERNDON PKWY, STE 700
HERNDON VA 20170

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

4. Date Incorporated or Qualified
To Do Business in Florida

01/04/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

54-1599882

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
P	ABOD, CRAIG P	360 HERNDON PKWY, STE 700	HERNDON VA
VD	MILLS, CHAD	360 HERNDON PKWY, STE 700	HERNDON VA
S	FORD, ELLEN	360 HERNDON PKWY, STE 700	HERNDON VA
T	LAURO, ANITA	360 HERNDON PKWY, STE 700	HERNDON VA

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

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

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

[Signature]

Judith B. Argao
Asst. Secretary & V. President

REGISTERED AGENT MUST SIGN

Date 10/20/03

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)(l), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Craig P. Abod

Date

10/16/03 703-709-7172

Daytime Phone #

CR2E040 (7/03)