

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.


Email Address: _____

CORPORATION REINSTATEMENT
FGM GULF COAST, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$1,950.00

FILED
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 TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F02000004131			
1. Corporation Name FGM Gulf Coast, Inc.			
2. Principal Office Address - No P.O. Box # 12021 Sunset Hills Road		3. Mailing Office Address 12021 Sunset Hills Road	
Suite, Apt. #, etc. Suite 400		Suite, Apt. #, etc. Suite 400	
City & State Reston, VA		City & State Reston, VA	
Zip 20121	Country USA	Zip 20121	Country USA
4. Date Incorporated or Qualified To Do Business in Florida 03-11 CR27081 (12/10) 8/14/2002		5. FEI Number 82-1322214	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Apply For <input type="checkbox"/> Not Applicable	
7. Name and Address of Current Registered Agent			
Name Scott Hendrickson			
Street Address (P.O. Box Number is Not Acceptable) 3530 Crowfoot Court			
Suite, Apt. #, Etc.			
City Bonte Springs		State FL	Zip Code 34134
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0605, F.S.			
Signature of Registered Agent <i>[Signature]</i>		Date 12/6/2011	
REGISTERED AGENT MUST SIGN			

REINSTATEMENT

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
C/P/T	Scott Gessay	12021 Sunset Hills Road, Suite 400	Reston VA 20121
V/D	Guy D'Amour	12021 Sunset Hills Road, Suite 400	Reston VA 20121
S/D	Michael Morehouse	12021 Sunset Hills Road, Suite 400	Reston VA 20121
D	Michael Fortier	12021 Sunset Hills Road, Suite 400	Reston VA 20121
10. E-mail Address: cgunnell@fmg.com <small>(To be used for future annual report notification)</small>			
11. I, being an officer or director of 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 617.166, F.S.			
SIGNATURE: <i>[Signature]</i> Scott Gessay		Date: 12/6/11 703-PBS-1000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			