

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
ZERO-G CORPORATION

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$1,050.00

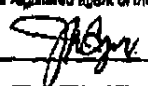
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10 APR -9 AM 11:35

CLERK OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F03000002245					
1. Corporation Name ZERO-G CORPORATION d/b/a Zero Gravity Corporation					
2. Principal Office Address - No P.O. Box # 8000 Towers Crescent Drive Suite, Apt. #, etc. Suite 1000 City & State Vienna, VA Zip 22182			3. Mailing Office Address Suite, Apt. #, etc. City & State City & State Zip Country		
4. Date Incorporated or Qualified 5/05/2003			5. PE Number 52-1860531		
6. CERTIFICATE OF STATUS DESIRED ☐			7. The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.		
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 607.0606 or 617.0603, F.S. Signature of Registered Agent  Judith B. Argao Asst. Secretary & V-President Date 4/8/10					
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	
CEO	Eric C. Anderson	8000 Towers Crescent Drive, Suite 1000		Vienna, VA 22182	
Secretary	Michael Henke	8000 Towers Crescent Drive, Suite 1000		Vienna, VA 22182	
CFO	Eric C. Anderson	8000 Towers Crescent Drive, Suite 1000		Vienna, VA 22182	
	Please See Attachment				
10. I certify that I am an officer or director of this 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:		Eric C. Anderson		11/12/09 (703) 894-2189	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

M. MILLIGAN
EXAMINER

APR -9 2010

Directors Listing

Eric C. Anderson
8000 Towers Crescent Drive, Suite 1000
Vienna, VA 22182

Richard Garriott
8000 Towers Crescent Drive, Suite 1000
Vienna, VA 22182

Robert Walker
8000 Towers Crescent Drive, Suite 1000
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Andrew Lampert
8000 Towers Crescent Drive, Suite 1000
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Alberto Vasquez
8000 Towers Crescent Drive, Suite 1000
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Michael McDowell
8000 Towers Crescent Drive, Suite 1000
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Peter Diamandis
8000 Towers Crescent Drive, Suite 1000
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