APPROVED AND FILED
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06 NOV -7 AM 11:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1 of 3

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # ~~P02000096278~~ F04000002026

1. Corporation Name
FCN, INC.

REINSTATEMENT 05-06 DSC

2. Principal Office Address	3. Mailing Office Address
12315 Wilkins Avenue	12315 Wilkins Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Rockville, Maryland	City & State: Rockville, Maryland
Zip: 20852 Country:	Zip: 20852 Country:

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 52-1729765 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: CORPDIRECT AGENTS, INC.
Street Address (P.O. Box Number is Not Acceptable): 515 E. Park Avenue
Suite, Apt. #, Etc.:
City: TALLAHASSEE State: FL Zip Code: 32301

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: [signature] Date: 10.16.06
REGISTERED AGENT MUST SIGN

(CR2E061 (9/01))

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
CP	SULLIVAN, ANNE T	12315 WILKENS AVENUE	ROCKVILLE MD 20852-1827
VCVP	SULLIVAN, GEORGE E	12315 WILKENS AVENUE	ROCKVILLE MD 20852-1827
D VP	SULLIVAN, DENNIS	12315 WILKENS AVENUE	ROCKVILLE MD 20852-1827

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 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: x [signature] ANNE T. SULLIVAN 10/10/06 301-770-2925
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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DATE: 10-10-2006

TO: DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FROM: **FCN, INC.**
SULLIVAN, ANNE

WE DID NOT RECEIVE FROM YOU THE UNIFORM BUSINESS REPORT BY MAIL FOR 2005 AND 2006. PLEASE FILE OUR ANNUAL REPORT AND WAIVE THE PENALTY.

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT US AT 301-770-2925.

THANKS,

Anne Sullivan

FCN, INC.
SULLIVAN, ANNE

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