

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM **FILED**

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2009 FEB 11 A 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F06000001902

1. Corporation Name

McWilliams/Ballard, Inc.

800143410128
02/11/09--01039--009 ***450.00

CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #

625 N. Washington St.

Suite, Apt. #, etc.

#304

City & State

Alexandria, VA

Zip

22314

Country

USA

3. Mailing Office Address

625 N. Washington St.

Suite, Apt. #, etc.

#304

City & State

Alexandria, VA

Zip

22314

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

3/24/2006

5. FEI Number

54-1828469

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 Rd.

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

☒ 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.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0805 or 617.0803, F.S.

Signature of
Registered Agent

[Signature]

Judith B. Argao
Asst. Secretary & V. President

Date

2/5/09

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	Christopher J. Ballard	1904 Russell Rd.	Alexandria, VA 22314
V	Ross B. McWilliams	700 6 th St. SE	Washington, DC 20003

2/12/09

STATEMENT

07-09

[Signature]

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]

Ross McWilliams

Date

2/6/09

Daytime Phone #

703-535-5500