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)205-8842
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

GAP SOLUTIONS, INC.

Certificate of Status	**0**
Certified Copy	**0**
Page Count	**02**
Estimated Charge	**$1,050.00**

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E081 (11/10)

DOCUMENT # F09000004599

1. Corporation Name
GAP SOLUTIONS, INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
205 Van Buren St.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
205	
City & State	City & State
Herndon, VA	
Zip / Country	Zip / Country
20170 USA	

4. Date Incorporated or Qualified To Do Business In Florida
11/23/2009

5. FEI Number
54-1903817
☐ 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
NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc

City	State	Zip Code
Plantation	FL	33324

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 _____ Date 06/29/2016
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
CEO	ERIC WOLKING	205 VAN BUREN ST. SUITE 205	HERNDON, VA 20170
P	DIANE PAIREI.	205 VAN BUREN ST. SUITE 205	HERNDON, VA 20170
V	E. PATRICK FLANNERY	205 VAN BUREN ST. SUITE 205	HERNDON, VA 20170
D	JOHN ALLEN	1650 TYSONS BLVD #1530	MCLEAN, VA 22102
D	BILL STRANG	1650 TYSONS BLVD #1530	MCLEAN, VA 22102
D	MIKE IVEY	1650 TYSONS BLVD #1530	MCLEAN, VA 22102

10. E-mail Address: ALESTER@GAPSI.COM
(To be used for future annual report notification)

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., 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.817.155, F.S.

SIGNATURE: _____ 6/29/16 705-282-2440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

E. Patrick Flannery

FL010 - 03/17/2015 Wolters Kluwer Online

REINSTATEMENT
2014-2016

S. HAWKES
JUN 30 A.M.
EXAMINER