

FILED 1/2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2005 OCT 21 AM 8:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F92000000496

1. Corporation Name

LABAT-ANDERSON INCORPORATED

2. Principal Office Address

8000 WESTPARK DRIVE

Suite, Apt. #, etc.

SUITE 400

City & State

MCLEAN, VA

Zip

22102

Country

USA

3. Mailing Office Address

8000 WESTPARK DRIVE

Suite, Apt. #, etc.

SUITE 400

City & State

MCLEAN, VA

Zip

22102

Country

USA

600060856116  
10/21/05--01029--019 \*\*55.00

600.00

**REINSTATEMENT**

02-09

4. Date Incorporated or Qualified  
To Do Business In Florida

10/04/2005

5. FEI Number

54-1118540

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 (R.F. Box Number is also 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 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

Judith B. Argao

Asst. Secretary & V. President

Date

10/6/05

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	WALTER MALINOWSKI	8000 WESTPARK SUITE 400	MCLEAN, VA 22102
T	VALERIE UNDERHILL	8000 WESTPARK SUITE 400	MCLEAN, VA 22102
S	ALFRED BUONI	8000 WESTPARK SUITE 400	MCLEAN, VA 22102
D	VICTOR LABAT	8000 WESTPARK SUITE 400	MCLEAN, VA 22102

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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/6/05

Date

506-7600

703

Daytime Phone #

VALERIE UNDERHILL

10/26/05



8000 Westpark Drive, Suite 400 ■ McLean, Virginia 22102  
Phone: (703) 506-9600 ■ Fax: (703) 506-4646  
<http://www.labat.com>

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October 6, 2005

Florida Department of State  
Corporation Reinstatement  
2661 Executive Center Circle  
Tallahassee, FL 32301

RE: Wavier for Reinstatement Fee – Labat Anderson Incorporated  
Document No: F92000000496  
FIN 54-1118540

To Whom It May Concern:

Labat Anderson Incorporated would like to request a wavier of the corporation reinstatement fee. We did not receive notification of our 2002 Annual Report not being submitted nor did we receive the 2003 – 2005 Annual Reports to fill out and submit to the state of Florida. Therefore we would like to be able to reinstate Labat Anderson Incorporated in the state of Florida for a fee of \$600.00. This covers the \$150.00 fee assessed for each year were not active within the state.

If this is not sufficient documentation for a wavier of the reinstatement fee, please contact us and we will submit the remaining balance of the fee. Please contact me if there are any questions or concerns regarding Labat Anderson Incorporated reinstatement.

Thank you,

Emily Thorp  
Staff Accountant