FILED
10 JAN 14 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000003457

1. Corporation Name

Casals & Associates, Inc.

REINSTATEMENT

940

CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1199 North Fairfax Street	1199 North Fairfax Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
3rd Floor	3rd Floor
City & State	City & State
Alexandria, VA	Alexandria, VA
Zip / Country	Zip / Country
22314 / U.S.A.	22314 / U.S.A.

4. Date Incorporated or Qualified To Do Business In Florida: June 30, 1994

5. FEI Number: 52-1635732 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. #, Etc.:

City: Tallahassee State: FL Zip Code: 32301

☐ 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 607.0505 or 617.0505, F.S.

Signature of Registered Agent: William M. Edrington Date: 1/12/2010

William M. Edrington REGISTERED AGENT MUST SIGN Authorized Rep.

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
C/D/P	Beatriz C. Casals	1199 North Fairfax Street	Alexandria, VA, 22314
T	Beatriz C. Casals	1199 North Fairfax Street	Alexandria, VA, 22314
AS	Carmelita G. Gamallo	1199 North Fairfax Street	Alexandria, VA, 22314

10. E-mail Address: bcasals@casals.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., 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.

SIGNATURE: Beatriz Casals 1/12/10 703-920-123
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OR OFFICER OR DIRECTOR Date Daytime Phone #

Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : CORPORATION SERVICE COMPANY
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CORPORATION REINSTATEMENT
CASALS & ASSOCIATES, INC.

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