

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

FILED

99 JUN -7 PM 1:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F95000002723

1. Corporation Name

~~ECG INTERNATIONAL, INC.~~
ECG, Inc.

Principal Place of Business

1317 WILMER AVE. #102
ANNISTON AL 36201

Mailing Address

1317 WILMER AVE. #102
ANNISTON AL 36201



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
8150 Leesburg Pike

Suite, Apt. #, etc.
Suite 401

City & State
Vienna, VA

Zip Country
22182 US

3. New Mailing Office Address, If Applicable
8150 Leesburg Pike

Suite, Apt. #, etc.
Suite 401

City & State
Vienna, VA

Zip Country
22182 US

4. Date Incorporated or Qualified
To Do Business in Florida

05/01/1995

5. FEI Number

54-1274446

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	QUINN, HERB Mark Pape	8150 LEESBURG PIKE	VIENNA VA 22182
V	SUMMERS, HARRY G. Michael Rayder	1317 WILMER AVE. #102 FISD Leesburg Pike	ANNISTON AL 36201 Vienna, VA 22182
C	GUPTA, YUDE RENU GUPTA Deisha McGreevey	8150 LEESBURG PIKE #401	VIENNA VA 22182
S	D'ORUZ, FRANCES	8150 LEESBURG PIKE	VIENNA VA

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8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name Vicki Baker Currie
Street Address (P.O. Box Number is Not Acceptable)
5060 Somersby Road
Suite, Apt. #, Etc.

City Jacksonville

State FL Zip Code 32217

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Vicki Baker Currie
REGISTERED AGENT MUST SIGN

Date 3/4/99

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark Pape

Date

Da/time Phone #

5/4/99

SP 6-7-99
703-448-8900

CR2E040 (9/99)