PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
、FOR ,∀∞
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPGRATIONS

F95000003182 **DOCUMENT #**

1. Corporation Name

ONSITE COMPANIES, INC.

Principal Place of Business	Mailing Add

921 ELKRIDGE LANDING RD LINTHICUM MD 21090

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921 ELDRIDGE LANDING RD LINTHICUM MD 21090

7301 Parkway Drive	7301 Parkway Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc. Ath. Trish Jacoby
City & State	City & State

01 DEC 21 PM 3: 20

SECRETARY OF STATE TALLAHASSEE, FLORIDA

PEMCTATERPRE



	S. TENNO I WILL CIMIEM!	2001
	Date incorporated or Qualified To Do Business in Florida 06/30	/1995
,	5. FEI Number 52-1822806	Applied For

· 2-10	74 10017	AIUTO UUN	Total Certificate of States		
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	City / State / Zip		
0C D	BISCIOTTI, STEVEN J	921 ELKRIDGE LANDING RD 7301 Parkway Drive	Hanover MD 21076		
&CD	DAVIS, JAMES C	921 ELKRIDGE LANDING RD 7301 PARKWAY Drive	Hanover MD 21076		
Р	THORNTON, THOMAS	921 ELKRIDGE LANDING RD 7301 Parkway Drive	LINTHICUM HEIGHTS MD 21090 Harover, MD 21076		
VP	BUTZ, WILLIAM J	921 ELKRIDGE LANDING RD 7301 Parkway Drive	LINTHICUM HEIGHTS MD 21000 Hanover, MD 21076		
Ť	STANDEVEN, DAVID J	921 ELKRIDGE LANDING RD- 7301 Parkway Drive	Hanover, MD 21076		
S	SONES, RANDALL	7301 PKWY DR	HANOVER MD 21076		

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.

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

1201 HAYS STREET SUITE 105

TALLAHASSEE FL 32301

<u>-12/31/01--01050--</u>021

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.

REGISTERED AGENT MUST SIGN

111 certify that lam 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:

Date

CSC

ACCOUNT NO. : 072100000032

REFERENCE : 484570 7113884

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE : December 20, 2001

ORDER TIME : 1:44 PM

ORDER NO. : 484570-005

CUSTOMER NO: 7113884

CUSTOMER: Ms. Trisha Jacoby

Allegis Group, Inc. 7301 Parkway Drive

Hanover, MD 21076

REINSTATEMENT

NAME: ONSITE COMPANIES, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder

EXAMINER'S INITIALS _____