

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 OCT 20 PM 2:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F95000003526

1. Corporation Name

GCI INFORMATION SERVICES, INC.

2. Principal Office Address

300 N. Washington St.

3. Mailing Office Address

300 N. Washington St.

Suite, Apt. #, etc.

Suite 400

Suite, Apt. #, etc.

Suite 400

City & State

Alexandria, VA

City & State

Alexandria, VA

Zip

22314

Country

USA

Zip

22314

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

July 07, 1995

5. FEI Number

52-1448710

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 (P.O. Box Number is Not Acceptable)

1200 S. Pine St.

Suite, Apt. #, Etc.

City

Plantation

State

FL

***950.00

33324

***950.00

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

Hilary A. England, A.S.
Hilary A. England, A.S.

Date 10-12-00

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
P	Philip O. Nolan	300 N. Washington St.	Stte 400 Alexandria, VA. 22314
S,V	William E. Karlson	300 N. Washington St.	Stte 400 Alexandria, VA 22314
V	George H. Wilson	300 N. Washington St.	Stte 400 Alexandria, VA 22314

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)(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:

Philip O. Nolan
SIGNED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/6/00

(703) 684-1125

Daytime Phone #

CP2E081 (9/99)