

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Han's**  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED  
02 FEB -8 PM 4:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F95000004620

1. Corporation Name

Veridian Information Solutions, Inc.

300004916723--9

-02/13/02--01089--012

\*\*\*\*908.75 \*\*\*\*908.75

2. Principal Office Address

1200 S. Hayes Street

Suite, Apt. #, etc.

Suite 1100

City & State

Arlington, VA

Zip

22202

Country

US

3. Mailing Office Address

1200 S. Hayes Street

Suite, Apt. #, etc.

Suite 1100

City & State

Arlington, VA

Zip

22202

Country

US

REINSTATEMENT 2001-2002

4. Date Incorporated or Qualified  
To Do Business in Florida

9/22/95

5. FEI Number

95-3032229

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)

c/o CT Corporation System, 1200 So. 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

1/14/02

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
	See attachment		

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:

Phyllis D. Seidler 01/10/02 703-575-3170

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)

**CT CORPORATION**

CORPORATION(S) NAME

Veridian Information Solutions, Inc.

0

<input type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit		
<input type="checkbox"/> Foreign	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
	<input checked="" type="checkbox"/> Reinstatement	
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	<input type="checkbox"/> Change of RA
	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> UCC
<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input checked="" type="checkbox"/> CUS
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	<input type="checkbox"/> After 4:30
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
<input type="checkbox"/> Mail Out		

Name \_\_\_\_\_  
Availability \_\_\_\_\_  
Document \_\_\_\_\_  
Examiner \_\_\_\_\_  
Updater \_\_\_\_\_  
Verifier \_\_\_\_\_  
W.P. Verifier \_\_\_\_\_

2/8/02

Order#: 5107721

Ref#: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

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Tallahassee, FL 32301  
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Fax 850 222 7615