

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 JUN 17 PM 4:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F95000005249

1. Corporation Name

The CENTECH Group, Incorporated

2. Principal Office Address

4600 North Fairfax Drive

3. Mailing Office Address

4600 North Fairfax Drive

Suite, Apt. #, etc.

Suite 400

Suite, Apt. #, etc.

Suite 400

City & State

Arlington, VA

City & State

Arlington, VA

Zip

22203

Country

USA

Zip

22203

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/26/1995

5. FEI Number

541468652

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

7. Name and Address of Current Registered Agent

Name

Mark Reuther-Zachris Inc.

400006163224--2
-07/02/02--01080--008

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

403 NE 8th Street

***1208.75 ***1208.75

Suite, Apt. #, Etc.

City

Fort Lauderdale

State
FL

Zip Code
33304

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

Date 6-5-02

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	Galaviz, Fernando V	4600 N Fairfax Drive	Arlington, VA 22203
SVP	Harris, Phillip	4600 N Fairfax Drive	Arlington, VA 22203
D	Wheeler, John R	4600 N Fairfax Drive	Arlington, VA 22203

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14-June-02 705 812 5387

Date

Daytime Phone #

CR2001 (9/01)



ACCOUNT NO. : 072100000032

REFERENCE : 626127 7340625

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE : June 17, 2002

ORDER TIME : 2:33 PM

ORDER NO. : 626127-005

CUSTOMER NO: 7340625

CUSTOMER: Mr. John Parkinson
The Centech Group, Inc.
4th Floor
4600 North Fairfax Drive
Arlington, VA 22203

REINSTATEMENT

NAME: THE CENTECH GROUP,
INCORPORATED

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight
EXAMINER'S INITIALS _____

RECEIVED
02 JUN 17 PM 4:00
DIVISION OF REGISTRATION