

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 30 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F95000005382

1. Corporation Name

DIGNEY YORK ASSOCIATES, INC

200021441132
11/05/03--01014--031 **750.00

2. Principal Office Address

1919 GALLOWS ROAD

3. Mailing Office Address

1919 GALLOWS ROAD

Suite, Apt. #, etc.

SUITE 950

Suite, Apt. #, etc.

SUITE 950

City & State

VIENNA, VA

City & State

VIENNA, VA

Zip

22182

Country

USA

Zip

22182

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/02/1995

5. FEI Number

54-1667066

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03

7. Name and Address of Current Registered Agent

Name

C T CORPORATION SYSTEM

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

1200 SOUTH 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

Anusha Putty
Anusha Putty, VP & Ass't Sec.

Date 10/29/03

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
DP	JAY S WEISS	1919 GALLOWS ROAD, SUITE 950	VIENNA, VA 22182
S	ANN M VERSTEEG	1919 GALLOWS ROAD, SUITE 950	VIENNA, VA 22182
V	KEVIN M CRONIN	1919 GALLOWS ROAD, SUITE 950	VIENNA, VA 22182

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:

Am
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SECRETARY

9/29/2003 703-790-5281

Date

Daytime Phone #

CR2E081 (10/02)