

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED  
AND  
FILED

04 NOV 23 PM 1:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F96000001526

1. Entity Name  
GOVERNMENT TELECOMMUNICATIONS, INC.



Principal Place of Business  
4500 SOUTHGATE PLACE  
SUITE 300  
CHANTILLY, VA 20151-720 US

Mailing Address  
4500 SOUTHGATE PLACE  
SUITE 300  
CHANTILLY, VA 20151-720 US

REINSTATEMENT 84



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2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11052004 REIN-P CR2E098 (6/04)

4. FEI Number

52-1467966

Applied For

Not Applicable

6. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCKEOWN, EVAN  
400 ROYAL PALM WAY  
STE 410  
PALM BEACH, FL 33480

Name

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

1690 South Congress Ave., Suite 200

City

Delray Beach,

FL

Zip Code  
334451

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Evan C. McKeown, Sena V.P., CFO*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

11/05/2004

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME LALLEY, FRANK E  
STREET ADDRESS 4500 SOUTHGATE PL STE 300  
CITY-ST-ZIP CHANTILLY, VA 201511720

TITLE ☐ Change ☐ Addition  
NAME 300042954473  
STREET ADDRESS 11/23/04--01023--002 \*\*150.00  
CITY-ST-ZIP

TITLE VP ☐ Delete  
NAME MCLAUGHLIN, KEVIN H  
STREET ADDRESS 400 ROYAL PALM WAY STE 410  
CITY-ST-ZIP PALM BEACH, FL 33480

TITLE ☐ Change ☐ Addition  
NAME X  
STREET ADDRESS 1690 South Congress Ave., Suite 200  
CITY-ST-ZIP Delray Beach, FL 33445

TITLE VP ☐ Delete  
NAME LEONARD, WILLIAM  
STREET ADDRESS 4500 SOUTHGATE PLACE, STE 300  
CITY-ST-ZIP CHANTILLY, VA 201511720

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☐ Delete  
NAME MCKEOWN, EVAN  
STREET ADDRESS 400 ROYAL PALM WAY STE 410  
CITY-ST-ZIP PALM BEACH, FL 33480

TITLE ☒ Change ☐ Addition  
NAME 1690 South Congress Avenue, Suite 200  
STREET ADDRESS Delray Beach, Florida 33445  
CITY-ST-ZIP

TITLE T ☐ Delete  
NAME GRAY, JACK  
STREET ADDRESS 4500 SOUTHGATE PL STE 300  
CITY-ST-ZIP CHANTILLY, VA 20151

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME SILVERMAN, SCOTT R  
STREET ADDRESS 400 ROYAL PALM WAY -SUITE 410  
CITY-ST-ZIP PALM BEACH, FL 33480

TITLE ☒ Change ☐ Addition  
NAME 1690 South Congress Ave., Suite 200  
STREET ADDRESS Delray Beach, FL 33445  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Evan C. McKeown*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/05/2004

561-805-8027