

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 JAN 28 AM 8:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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02/12/02--01043--003

***1500.00 ***1500.00

REINSTATEMENT 97-02

DOCUMENT # F96000003503

1. Corporation Name

Orion Scientific Systems

2. Principal Office Address

20401 SW Birch St

Suite, Apt. #, etc.

250

City & State

Newport Beach, CA

Zip

92660

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/10/1996

5. FEI Number

33 036 8516

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 South Pine Island Rd

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

Connie Bryan

CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY
REGISTERED AGENT MUST SIGN

Date

Jan 28, 2002

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
CEO	JAMES L. STINSON	20401 SW BIRCH ST. STE 250	NEWPORT BEACH, CA 92660
VP	JAMES G. MCCLAVE	8400 WESTPARK DR. STE 200	MCLEAN, VA 22102
CFO	EDWARD S. HEYMAN	20401 SW BIRCH CT. STE 250	NEWPORT BEACH, CA 92660

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

VP/CFO

Date

1/25/2002

Daytime Phone #

949-261-0226

CR2E081 (9/01)