

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



**APPLICATION
FOR
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 21 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F96000003700**

1. Corporation Name

ACE*COMM CORPORATION

Principal Place of Business

Mailing Address

704 QUINCE ORCHARD RD
SUITE 100
GAITHERSBURG MD 20878
US

704 QUINCE ORCHARD RD
SUITE 100
GAITHERSBURG MD 20878
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

07/22/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

52-1283030

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status



REINSTATEMENT 03

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PTDC	JIMENEZ, GEORGE J	704 QUINCE ORCHARD RD	GAITHERSBURG MD 20878
CFO	DELMAR, STEVEN	704 QUINCE ORCHARD RD	GAITHERSBURG MD 20878
S	RIVER, LORETTA L	704 QUINCE ORCHARD RD	GAITHERSBURG MD 20878
COO	CHISHOLM, JOSEPH	704 QUINCE ORCHARD RD	GAITHERSBURG MD 20878
V	ECKLER, JAMES K	704 QUINCE ORCHARD RD	GAITHERSBURG MD 20878
D	WETZEL, GILBERT A	2 PENN CENTER PLAZA, #610	PHILADELPHIA PA 19102

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
FORT LAUDERDALE FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

400023966834

City

10/21/03--01051--003 **750.00

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

Stacy M. Rosenthal
REGISTERED AGENT MUST SIGN

Stacy M. Rosenthal
Vice President and
Assistant Secretary

Date

10/16/03

11. 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)(j), 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:

Steven R. Delmar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven R. Delmar

10/17/03

Date

301-721-3000

Daytime Phone #

CR2E040 (7/03)