

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



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

**DOCUMENT # F96000004683**

1. Corporation Name

**PACIFIC AND SOUTHERN COMPANY, INC.**

Principal Place of Business

Mailing Address

1000 MARKET STREET  
ST LOUIS MO 63101  
US

1100 WILSON BLVD  
ARLINGTON VA 22234  
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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

09/12/1996

5. FEI Number

13-2599556

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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
D P	CURLEY, JOHN J WALKER, CECIL L.	1100 WILSON BOULEVARD	ARLINGTON VA 22234
D	MCCORKINDALE, DOUGLAS H	1100 WILSON BOULEVARD	ARLINGTON VA 22234
P	WALKER, CECIL L	1100 WILSON BOULEVARD	ARLINGTON VA 22234
V	MCCORKINDALE, DOUGLAS H	1100 WILSON BOULEVARD	ARLINGTON VA 22234
AT	BALDWIN, CHRISTOPHER W	1100 WILSON BOULEVARD	ARLINGTON VA 22234

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent \*\*\* 750.00

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

Name

Street Address (P.O. Box Numbers Not Acceptable)

Suite, Apt. #, Etc.

City

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.

Signature of Registered Agent

**SIGNATURE REQUIRED**

Date

10/15/01

REGISTERED AGENT MUST SIGN

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)(f), 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:

*Christopher W Baldwin*  
**CHRISTOPHER W. BALDWIN, ASSISTANT TREASURER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/01

Date

703-284-6801

Daytime Phone #

**FILED**  
01 OCT 19 PM 3:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CR2E040 (8/01)