

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000006127

1. Corporation Name

Tischler and Associates, Inc.

4701 Sangamore Road

Same

2. Principal Office Address

4701 Sangamore Road

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite N210

Suite, Apt. #, etc.

City & State

Bethesda, Maryland

City & State

Zip

20816

Country

U.S.

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

52-1087538

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 98-04

7. Name and Address of Current Registered Agent

Name

CT Corporation

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

[Signature]

Mark S. Eppley
Assistant Vice-President
and Secretary

Date

9/21/04

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
Pres.	Paul S. Tischler	4701 Sangamore Road, #N210	Bethesda/ MD/ 20816

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] Paul S. Tischler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/21/04

Date

301-320-6900

Daytime Phone #

CR2E081 (01/04)