

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

99 NOV 29 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F96000006364

1. Corporation Name

SYLVEST MANAGEMENT SYSTEMS CORPORATION

Principal Place of Business

10001 DEREKWOOD LN SUITE 225
LANHAM MD 20706

Mailing Address

% FDC
4800 HAMPDEN LN. #1200
BETHESDA MA 20814

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

12/05/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

52-1550631

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 A additional fee is 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
PD	MARREN, HARRY T	4800 HAMPDEN LN., STE 1200	BETHESDA MD 20814
VS	HOLT, ALLAN M	4800 HAMPDEN LN., STE 1200	BETHESDA MD 20814
VT	DEAN, JAMES M	4800 HAMPDEN LN., STE 1200	BETHESDA MD 20814
VD	CLARE, PETER J	4800 HAMPDEN LN., STE 1200	BETHESDA MD 20814
CD	YOUNG, DANIEL R	4800 HAMPDEN LN., STE 1200	BETHESDA MD 20814
REINSTATEMENT			
600003063326--2 -12/14/99--01093--013 ***750.00 ***750.00			

8. Name and Address of Current Registered Agent

MURRAY, GARY
1000 WEST MCNAB ROAD, SUITE 234/235
POMPANO BEACH FL 33069

9. Name and Address of New Registered Agent

Name CT Corporation Systems
Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road
Suite, Apt. #, Etc.

City Plantation

State FL

Zip Code 33324

10. I, being appointed the registered agent of the above named corporation, am familiar with and vouch for the accuracy of the information furnished in this application.

Signature of
Registered Agent

Wendy Goldstein

SPECIAL ASSISTANT SECRETARY

Date 11-22-99

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)(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:

James Dean

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-16-99

Date

Daytime Phone #