

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **F97000000062**

1. Corporation Name

DELTEK SYSTEMS OF VA, INC.

Principal Place of Business

**8280 GREENSBORO DR., #300
MCLEAN VA 22102**

Mailing Address

**8280 GREENSBORO DR., #300
MCLEAN VA 22102**

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/17/1996

SP

5. FEI Number

54-1252625

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	DELASKI, KENNETH E	8280 GREENSBORO DR., #300	MCLEAN VA 22102
TDC	DELASKI, DONALD	8280 GREENSBORO DR., #300	MCLEAN VA 22102
S	STEWART, ALAN R <i>Paul G. LEVY</i>	8280 GREENSBORO DR., #300	MCLEAN VA 22102
D	GREGG, ROBERT E	3110 FAIRVIEW PARK DR., #1400	FALLS CHURCH VA 22042
V	BROWN, ERIC F	8280 GREENSBORO DR., #300	MCLEAN VA 22102
V	CRAFT, DONALD G	8280 GREENSBORO DR., #300	MCLEAN VA 22102

8. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

5000002533585-5

01/11/01-01100-007

******750.00 ****750.00**

State Zip Code

FL

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

BRIAN COURTNEY, ASST. V.P.

REGISTERED AGENT MUST SIGN

Date

11/3/2000

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul Levy, corporate sec'y

Date

11/2/00

Daytime Phone #

703-734-8606