

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **F97000000811**

1. Corporation Name

**APPLITECH SOUTHEAST, INC.**

Principal Place of Business

Mailing Address

491B CARLISLE DR  
 HERNDON VA 20170

491B CARLISLE DR  
 HERNDON VA 20170

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

2. New Principal Office Address, If Applicable

**463B CARLISLE DRIVE**

3. New Mailing Office Address, If Applicable

**463 CARLISLE DRIVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**HERNDON VA**

City & State

**HERNDON VA**

Zip

**20170**

Country

**USA**

Zip

**20170**

Country

**USA**

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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
DCST	NESMITH, JOSEPH Q	12901 LIMA DR	CATHARPIN VA 20143
DP	SHEA, THOMAS J	9910 BLACKMORE VALE WAY	GREAT FALLS VA 22066

99 APR - 2 AM 7:12  
 SEC. OF STATE  
 DIVISION OF CORPORATIONS



**REINSTATEMENT**  
 Date Incorporated or Qualified To Do Business in Florida: **02/14/1997**  
 5. FEI Number: **54-1823390**  
 Applied For:  Not Applicable:   
 6. CERTIFICATE OF STATUS DESIRED  **\$8.75 Additional Fee required for a Certificate of Status**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**TAYLOR, THOMAS**  
**%APPLITECH, INC.**  
**5534 LAKE HOWELL RD**  
**WINTER PARK FL 32792**

Name: **Taylor, Thomas % Applitech, Inc.**  
 Street Address (P.O. Box Number is Not Acceptable): **3586 ALUMA AVE**  
 Suite, Apt. #, Etc.: **Suite 8**  
 City: **Winter Park** State: **FL** Zip Code: **32792**

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: *Thomas Taylor*  
 REGISTERED AGENT MUST SIGN

Date: **3/19/99**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No

(See other side for information on intangible tax)

12. 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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **OSCAR NESMITH, SECRETARY 3/15/99**  
 Title: **and Director** Date: **3/15/99** Telephone #: **703-476-2321**

CR2E040 (9/98)