

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F97000001838

1. Corporation Name

FEDERAL RESEARCH CORPORATION

FILED

03 JAN -3 PM 3:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

400 SEVENTH STREET, NW, SUITE 101
WASHINGTON DC 20004

Mailing Address

400 SEVENTH STREET, NW, SUITE 101
WASHINGTON DC 20004

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

2. New Principal Office Address, If Applicable

1030 15th ST, NW, SUITE 920
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

1030 15th ST, NW, Suite 920
Suite, Apt. #, etc.

City & State

WASHINGTON

City & State

WASHINGTON

Zip

DC

Country

20005

Zip

DC

Country

20005

4. Date Incorporated or Qualified
To Do Business in Florida

04/09/1997

5. FEI Number

54-1458626

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSC	BALDWIN, MICHELLE	400 SEVENTH STREET, NW, SUITE 10	WASHINGTON DC 20004
WCT	JACOBS, ROBERT	400 SEVENTH STREET, NW, SUITE 10	WASHINGTON DC 20004
D	JACOBS, MARTIN	2411 SW GLEN EAGLE RD	LAKE OWEGO OR 97034

800012238358
02/11/03--01011--011 **750.00

8. Name and Address of Current Registered Agent

FLORIDA FILING & SEARCH SERVICES, INC.
1333 NORTH DUVAL STREET
TALLAHASSEE FL 32303

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is 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. or 617.0505, F.S.

800012238358
02/11/03--01011--012 **150.00

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

1/3/03

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHELLE BALDWIN

Date

1/14/02

Daytime Phone #

202 289 3734