

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



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

APPLICATION
 FOR
 REINSTATEMENT

FILED

02 NOV 15 PM 3:51

SECRETARY OF STATE
 FLORIDA
 1300009022899
 11/15/02--01058--010 **750.00

DOCUMENT # **F97000002256**

1. Corporation Name
DELEX SYSTEMS, INCORPORATED

Principal Place of Business	Mailing Address
1953 GALLOWS ROAD STE 700 VIENNA VA 22182-3991	1953 GALLOWS ROAD STE 700 VIENNA VA 22182-3991



REINSTATEMENT *02*

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04/28/1997	
City & State		City & State		5. FEI Number	
Zip		Country		54-0836954	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
C	PIPER, H L	2609 STIRRUP LANE	ALEXANDRIA VA 22308
D	LAUNEY, REUEL O III	4737 34TH ST	ARLINGTON VA 22207
D	SHELTON, PAUL J	11000 OAKTON WOODS WAY	OAKTON VA 22124
S	BENSING, DONALD R	3014 HARITAGE FARM COURT	HERNDON VA 22071
D	BESTE, FREDERICK J III	1191 JACOBSBURG RD	WIND GAP PA 18091
P	DRISCOLL, EDMUND F II	1500 LINCOLN CIR, #213	MCLEAU VA 22102

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
MATTHEWS, TIM 3505 LAKE LYNDA DRIVE SUITE 103 ORLANDO FL 32817	Name RAY WIKSTROM Street Address (P.O. Box Number is Not Acceptable) 4936 MARINERS PT. DRIVE Suite, Apt. #, Etc. City JACKSONVILLE State Zip Code FL 32225

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.

Signature of Registered Agent _____ **SIGNATURE REQUIRED** _____ Date 11/12/02
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: *Donald Bensing* **REQUIRED** 11/11/02 703-734-8300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/02)