



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAR 19 AM 8:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F97000003562**

1. Corporation Name

User Technology Associates, Inc.

2. Principal Office Address

950 North Glebe Road

Suite, Apt. #, etc.

Suite 100

City & State

Arlington, Virginia

Zip

22203

Country

USA

3. Mailing Office Address

950 North Glebe Road

Suite, Apt. #, etc.

Suite 100

City & State

Arlington, Virginia

Zip

22203

Country

USA

REINSTATEMENT

02-04

300030802953

03/19/04--01039--012 **1058.75

4. Date Incorporated or Qualified

To Do Business in Florida **07/09/1997**

5. FEI Number

54-1439117

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Carol Record

**Carol Record
Assistant Secretary**

Date **3-15-04**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|---------------------|
| PCTD | Yong K. Kim | 950 N. Glebe Rd., Ste. 100 | Arlington, VA 22203 |
| S V | Julie A. Maisel | 950 N. Glebe Rd., Ste. 100 | Arlington, VA 22203 |
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10. 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)(l), 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:

Julie Maisel
Julie Maisel
VICE PRES.

Date

3/17/04

Daytime Phone #

(703) 522-5132

CR12E081 (01/04)