

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # F97000005203

1. Corporation Name

SELTRONICS EYRETEL, INC.

Principal Place of Business

11720 BELTSVILLE DR
SUITE 300
CALVERTON MD 20705
US

Mailing Address

11720 BELTSVILLE DR
SUITE 300
CALVERTON MD 20705
US

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

10/06/1997

5. FEI Number

52-1919429

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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
GCEO	BROWN, GARY L	9475 LOTTSFORD RD	LANDOVER MD 20774
VD	LACEY, STACEY	3 HORSHAM GATES NORTH ST	WEST SUSSEX RH13 5PJ
VD	KEENAN, ROGER	3 HORSHAM GATES, NORTH ST	WEST SUSSEX RH13 5PJ
ST	MCCALL, SHAILA	9475 LOTTSFORD RD 11720 Beltsville Dr	LANDOVER MD 20774 Calverton, MD 20705
COO	Joseph McLaughlin	11720 Beltsville Dr	Calverton, MD 20705

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number) **8** **3** **00148** **0063938** **--1**

Suite, Apt. #, Etc.

-12/08/99--01026--003
*****750.00 ***750.00**

City

State

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0606, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 11-19-99

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:

Shaila McCall **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-2399 3015861900