

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # F98000006393

1. Corporation Name

PITTSTON ADMINISTRATIVE SERVICES INC.

Principal Place of Business

1000 VIRGINIA CENTER PKWY.
GLEN ALLEN VA 23060

Mailing Address

1000 VIRGINIA CENTER PKWY.
GLEN ALLEN VA 23060

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

11/20/1998

5. FEI Number

06-1169498

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75. Addt'l fees 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
CP	DAN, MICHAEL T	1000 VIRGINIA CENTER PKWY.	GLEN ALLEN VA 23060
D	REED, AUSTIN F	1000 VIRGINIA CENTER PKWY.	GLEN ALLEN VA 23060
VT	HARTOUGH, JAMES B	1000 VIRGINIA CENTER PKWY.	GLEN ALLEN VA 23060
V	LENNON, FRANK T	1000 VIRGINIA CENTER PKWY.	GLEN ALLEN VA 23060
V	RITTER, ROBERT T	1000 VIRGINIA CENTER PKWY.	GLEN ALLEN VA 23060
S	FOARD, TRACY R	1000 VIRGINIA CENTER PKWY.	GLEN ALLEN VA 23060

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 is Not Acceptable)
Suite, Apt. #, Etc.
City

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

Kevin J. Gallagher
REGISTERED AGENT MUST SIGN **Kevin J. Gallagher**
Asst. Vice President

Date **10/26/1999**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tracy R. Foard
Tracy R. Foard
Secy.

Date **10/25/99** Daytime Phone # **804-553-3681**