

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FOR
REINSTATEMENT

DOCUMENT # F98000006946

1. Corporation Name

SYMBIONT, INC.

Principal Place of Business

1325 MASSACHUSETTS AVENUE. NW
2ND FL
WASHINGTON DC 20005

Mailing Address

1325 MASSACHUSETTS AVENUE. NW
2ND FL
WASHINGTON DC 20005

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/21/1998

5. FEI Number

52-1389353

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
CTD	WARD, JAMES B	1325 MASSACHUSETTS AVENUE NW 2ND	WASHINGTON DC 20005
PD	WARD, STERLING	1325 MASSACHUSETTS AVENUE NW 2ND	WASHINGTON DC 20005
D	WARD, FORREST C	101 FEDERAL ST., STE 1900	BOSTON MA
SD	WARD, EULAH R	7020 WYNDAL STREET NW	WASHINGTON DC 20015
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8. Name and Address of Current Registered Agent

KINSEY, HOPE
2570 NW 155 STREET
OPA LOCKA FL 33054

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.

Signature of
Registered Agent

Hope Kinsey
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

12 Nov-02

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:

James Bud Uland
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 9, 2003 (202) 887-6800

Date

Daytime Phone #

CR2E040 (8/02)



SYMBIONT, INC.

AN INFORMATION TECHNOLOGY SOLUTIONS PROVIDER

January 9, 2003

Department of State
Division of Corporations
Annual Report/Reinstatement Section
P.O., Box 6327

Tallahassee, FL 32314-6327

Dear Sir/Madam:

Enclosed is the completed application for reinstatement for SYMBIONT, Inc. and the appropriate annual report/Uniform Business Report filing fee of \$300.00. Prior UBR notices were not received in this office.

Thank you for your attention to this matter.

Sincerely,

Sterling A. Ward
President