


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

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

DOCUMENT # F98000007106

1. Corporation Name

CAPE PUBLICATIONS, INC.

2. Principal Office Address
One Cannett Plaza
Melbourne, FL 32940

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Office Address
7950 Jones Branch Drive
McLean, VA 22107

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 8/

**4. Date Incorporated or Qualified
To Do Business in Florida** May 1, 1884

5. FEI Number
61-0265020

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
C T 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

600004693846--4
-11/26/01--01083--001
***750.00 ***750.00

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

J. Argao

Judith B. Argao

Asst. Secretary & V. President

Date

11/13/01

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
D	DOUGLAS H. MCCORKINDALE	7950 JONES BRANCH DRIVE	MCLEAN, VA 22107
D	GARY L. WATSON	7950 JONES BRANCH DRIVE	MCLEAN, VA 22107
P	MICHAEL J. COLEMAN	7950 JONES BRANCH DRIVE	MCLEAN, VA 22107
S	THOMAS L. CHAPPLE	7950 JONES BRANCH DRIVE	MCLEAN, VA 22107
T	GRACIA C. MARTORE	7950 JONES BRANCH DRIVE	MCLEAN, VA 22107
AT	CHRISTOPHER W. BALDWIN	7950 JONES BRANCH DRIVE	MCLEAN, VA 22107

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)(b), 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:

Christopher W. Baldwin

CHRISTOPHER W. BALDWIN, ASSISTANT TREASURER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/7/01 (703) 854-6801

Daytime Phone #

CR2ED01 (9/00)

CT CORPORATION SYSTEM

CORPORATION(S) NAME

Cape Publications, Inc.

<input type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit		
<input type="checkbox"/> Foreign	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
	<input checked="" type="checkbox"/> Reinstatement	
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	<input type="checkbox"/> Change
	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> UCC
<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input type="checkbox"/> CUS
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	<input type="checkbox"/> After 4:30
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
<input type="checkbox"/> Mail Out		

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 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

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W.P. Verifier _____		Amount: \$ _____

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