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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

05 MAR 14 AM 9:14  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**



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

**DOCUMENT #** F99000000946  
**1. Corporation Name**  
 Oblate Service Corporation

**2. Principal Office Address**  
 391 Michigan Ave., N.E.

**3. Mailing Office Address**  
 391 Michigan Ave., N.E.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**  
 Washington, D.C.

**City & State**  
 Washington, D.C.

**Zip**  
 20017

**Country**  
 USA

**Zip**  
 20017

**Country**  
 USA

**4. Date Incorporated or Qualified To Do Business in Florida** 02/18/1999

**5. FEI Number** 52-2133723  Applied For  Not Applicable

**6. CERTIFICATE OF STATUS DESIRED**  25.75 Additional Fee required for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name  
 Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)  
 1201 Hays Street

Suite, Apt. #, Etc.

City  
 Tallahassee

State  
 FL

Zip Code  
 32301-2625

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0503, F.S.**

Signature of Registered Agent Deborah D. Skipper Deborah D. Skipper  
 Asst. V. Pres. Date 3/14/05

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Louis Lougen	391 Michigan Ave., N.E.	Washington, D.C. 20017
VP/D	J. William Morell	391 Michigan Ave., N.E.	Washington, D.C. 20017
S/T/D	Joseph Hitpas	391 Michigan Ave., N.E.	Washington, D.C. 20017
S/T/D	William O'Donnell	391 Michigan Ave., N.E.	Washington, D.C. 20017
D	Thomas Ovalle	327 Oblate Dr.	San Antonio, TX 78216
D	Richard Sudlik	60 Wyman St.	Lowell, MA 09852

**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 807 or 817, 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 807.0401 or 817.0401, 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(5)(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: Joseph Hitpas March 4, 2005 202-529-4505  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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**Florida Department of State  
Division of Corporations  
Public Access System**

**Electronic Filing Cover Sheet**

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To: Division of Corporations  
Fax Number : (850)205-0384

From: Account Name : CORPORATION SERVICE COMPANY  
Account Number : I20000000195  
Phone : (850)521-1000  
Fax Number : (850)558-1575

**CORPORATION REINSTATEMENT**

**OBLATE SERVICE CORPORATION**

Certificate of Status	1
Certified Copy	0
Page Count	02
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