

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

16 MAR 29 PM 4:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F99000001327

1. Corporation Name

P E SYSTEMS, INC.

2. Principal Office Address - No P.O. Box #

10201 Fairfax Blvd

3. Mailing Office Address

10201 FAIRFAX BLVD

Suite, Apt. #, etc.

Suite 400

Suite, Apt. #, etc.

Suite 400

City & State

Fairfax, VA

City & State

Fairfax, VA

Zip

22030

Country

USA

Zip

22030

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

03/10/1999

5. FEI Number

54-0891458

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

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

100283948631

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

Courtney Williams

REGISTERED AGENT MURPHY, ASST. Vice President

Date 03.29.16

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
P	WESLEY A. KING	8907 Mountain Ash Drive	Springfield, VA 22153
S/T	PAMELA C. JOHNSON	14523 Meeting Camp Road	Centreville, VA 20121
D	WESLEY A. KING	8907 Mountain Ash Drive	Springfield, VA 22153
D	PAMELA C. JOHNSON	14523 Meeting Camp Road	Centreville, VA 20121
D	FELICIA Y. WILLIAMS	641 Waterfront Drive, Apt 6302	Homestead, PA 15120

MAR 29 2016

10. E-mail Address:

vpetitt@pesystems.com

(To be used for future annual report notification)

R. HUNT

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

Pamela C. Johnson, CFO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/12/15 703246-9660

Daytime Phone

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 885446 7139480

AUTHORIZATION :

COST LIMIT : \$ 1,200.00

ORDER DATE : November 24, 2015

ORDER TIME : 3:36 PM

ORDER NO. : 885446-060

CUSTOMER NO: 7139480

REINSTATEMENT

NAME: PESYSTEMS, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams

EXAMINER'S INITIALS

MAR 29 2016

R. HUNT

RECEIVED
MAR 29 PM 4:21
SUFFICIENCY OF FILING