

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**

02 JAN 25 AM 11:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** F99000001343

**1. Corporation Name**

PYA/MONARCH, INC.

**2. Principal Office Address**

9755 PATUXENT WOODS DRIVE

Suite, Apt. #, etc.

City & State

COLUMBIA, MD

Zip

21046

Country

HOWARD

**3. Mailing Office Address**

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified  
To Do Business in Florida**

3/10/99

**5. FEI Number**

36-2998724

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

32310-2607

**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

**Brian Courtney**  
**Asst. V. Pres.**

REGISTERED AGENT MUST SIGN

Date

1-23-02

**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
PCEO	JAMES L. MILLER	9755 PATUXENT WOODS DRIVE	COLUMBIA, MARYLAND 21046
EVPS	DAVID M. ABRAMSON	9755 PATUXENT WOODS DRIVE	COLUMBIA, MARYLAND 21046
AS	FAITH E. HARRISON	9755 PATUXENT WOODS DRIVE	COLUMBIA, MARYLAND 21046
AS	DAVID B. EBERHARDT	9755 PATUXENT WOODS DRIVE	COLUMBIA, MARYLAND 21046

**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)(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

1/15/02

Date

Daytime Phone #

CR2E081 (9/01)