

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUL 14 PM 3:17

DOCUMENT # *FG9000003753*

1. Corporation Name

Abacus Technology Corporation

900021744999
07/23/03--01048--012 **900.00

REINSTATEMENT *02-03*

2. Principal Office Address

5454 Wisconsin Avenue

3. Mailing Office Address

Suite, Apt. #, etc.

Suite 1100

Suite, Apt. #, etc.

City & State

Chevy Chase, MD

City & State

Zip

20815

Country

US

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

7/22/99

5. FEI Number

52-1328215

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

CT 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

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

M. D. Gandy Asst VP & Secretary
REGISTERED AGENT MUST SIGN

Date

7/11/03

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 |
|----------|-----------------------------------|------------------------------------------------|-----------------------|
| Pres/Dir | Dennis Yee | 5454 Wisconsin Avenue #1100 | Chevy Chase, MD 20815 |
| Tres | Dennis Yee | (Same as above) | (Same as above) |
| Sec/Dir | Patricia Farrell | (Same as above) | (Same as above) |
| Dir | Dorothy Kong | (Same as above) | (Same as above) |
| | | | |
| | | | |

900021744999
07/23/03--01048--012 **8.75

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/8/03
Date

301.907.8500
Daytime Phone #

CR2E081 (10/02)