

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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REINSTATEMENT 02-03

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *FG9000003753*

1. Corporation Name
Abacus Technology Corporation

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 <input checked="" type="checkbox"/> \$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 *[Signature]* **Asst VP & Secretary** Date **7/11/03**
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
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)

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]* Date **7/8/03** Daytime Phone # **301.907.8500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (10/02)