

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # F99000004390

1. Corporation Name

MID ATLANTIC INVESTOR SERVICES, INC.

Principal Place of Business

Mailing Address

% FERRIS, BAKER WATTS, INC.
1700 PENNSYLVANIA AVE., NW SUITE 700
WASHINGTON DC 20006

8403 COLESVILLE ROAD
SUITE 900
SILVER SPRING MD 20910

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

08/24/1999

5. FEI Number

52-1785835

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	FERRIS, GEORGE M JR, CEO	1700 PENNSYLVANIA AVE., NW	WASHINGTON DC 20006
D	WARNER, BRADARD H IV Dietz, Andrew	1700 PENNSYLVANIA AVE., NW SUITE	WASHINGTON DC 20006
P	URBAN, THEODORE W Executive Vice President	1700 PENNSYLVANIA AVE., NW SUITE	WASHINGTON DC 20006
S	CLENDENIN, MARIA L Secretary	1700 PENNSYLVANIA AVE., NW SUITE	WASHINGTON DC 20006

8. Name and Address of Current Registered Agent

WELSCH, WILLIAM
59 CAMDEN COURT
BAL HARBOUR FL 33154-1324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/22/01

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., 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 REQUIRED

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/25/01

Daytime Phone #

202-461-9500

CR2E040 (9/01)