


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

02 JUN 18 PM 1:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



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

DOCUMENT # *F99000006485*

1. Corporation Name
Systems Applications International, Inc.

2. Principal Office Address 9300 Lee Highway Suite, Apt. #, etc.		3. Mailing Office Address SAME Suite, Apt. #, etc.	
City & State Fairfax, VA		City & State	
Zip 22031	Country USA	Zip	Country

REINSTATEMENT *2000-2001*

4. Date Incorporated or Qualified To Do Business in Florida 12/14/99

5. FEI Number 54-1770848 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

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]* Brian Courtney Asst. V. Pres. Date 6-18-02

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
D/P	Peter Linquiti	9300 Lee Highway	Fairfax, VA 22031
CFO/S	Alan Stewart	9300 Lee Highway	Fairfax, VA 22031
T	Terrance McGovern	9300 Lee Highway	Fairfax, VA 22031
VP	Jay Haney	101 Lucas Valley Road	San Rafael, CA 94903
VP	Arlene Rosenbaum	9300 Lee Highway	Fairfax, VA 22031

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]* A. Stewart Date 6/17/02 Daytime Phone # (703) 934-3670

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (8/01)



ACCOUNT NO. : 072100000032

REFERENCE : 627338 7220664

AUTHORIZATION : *Patricia Pujot*

COST LIMIT : \$ 1058.75

ORDER DATE : June 18, 2002

ORDER TIME : 10:54 AM

ORDER NO. : 627338-005

CUSTOMER NO: 7220664

CUSTOMER: Ms. Dawn Culotta
Icf Consulting Group, inc.
9300 Lee Highway

Fairfax, VA 22031

REINSTATEMENT

NAME: SYSTEMS APPLICATIONS
INTERNATIONAL, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- XX PLAIN STAMPED COPY
- XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Ginger Simmons

EXAMINER'S INITIALS _____

RECEIVED
02 JUN 18 AM 11:46
DIVISION OF REGISTRATION