

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 JAN 31 PM 12:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F99000006545

1. Corporation Name

TORTI, GALLAS AND PARTNERS - CHK, INC.

600087361206

02/05/07--01013--019 **1350.00

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #
1300 SPRING STREET

3. Mailing Office Address
1300 SPRING STREET

Suite, Apt. #, etc.
SUITE 400

Suite, Apt. #, etc.
SUITE 400

City & State
SILVER SPRING, MARYLAND

City & State
SILVER SPRING, MARYLAND

Zip
20910

Country
USA

Zip
20910

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida **12/20/1999**

5. FEI Number
52-0847751

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

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Mark Brinkman

Mark Brinkman

Vice President and Assistant Secretary

Date **1/25/07**

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	JOHN TORTI	1300 SPRING STREET, STE 400	SILVER SPRING, MD 20910
EVP/T	THOMAS GALLAS	1300 SPRING STREET, STE 400	SILVER SPRING, MD 20910
D/S	TUNCA ISKIR	1300 SPRING STREET, STE 400	SILVER SPRING, MD 20910

B. 2/1/07

REINSTATEMENT 03-07

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 contained in Chapter 119, 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:

John Torti

John Torti, President

1-29-7

301-588-4800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #