

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 APR 20 AM 9:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # J51641**

**1. Corporation Name**

Fee For Service, Inc.

**2. Principal Office Address**

4002 Eisenhower Blvd.

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33634

Country

**3. Mailing Office Address**

6610 West Broad Street

Suite, Apt. #, etc.

City & State

Richmond, VA

Zip

23230

Country

**REINSTATEMENT** 01-04

**4. Date Incorporated or Qualified  
To Do Business in Florida**

1/09/1987

**5. FEI Number**

592793921

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

*Patrick Labor*

Patrick Labor, Assistant Secretary

Date 3/1/04

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
	Please see attached list.		

**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:**

*Thomas E. Duffy*

Thomas E. Duffy

2/8/04

804-484-7552

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

85

# **Fee For Service**

## **Officers:**

Thomas M. Stinson	President	6630 West Broad Street Richmond, VA 23230
Gary T. Prizzia	Treasurer	6604 West Broad Street Richmond, VA 23230
Jeffrey T. Condit	Senior VP and CFO	6630 West Broad Street Richmond, VA 23230
Richard P. McKenney	Senior Vice President	6620 West Broad Street Richmond, VA 23230
Britt J. Vitalone	Vice President and Controller	6630 West Broad Street Richmond, VA 23230
Thomas E. Duffy	Vice President and Secretary	6610 West Broad Street Richmond, VA 23230

## **Directors:**

Geoffrey S. Stiff	6610 West Broad Street, Richmond, VA 23230
Thomas M. Stinson	6630 West Broad Street, Richmond, VA 23230