

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 96 MAR 17 AM 10:58
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **K61784**

1. Corporation Name
BUTTEN & BOCK, INC.

Principal Place of Business Mailing Address
21400 RIDGETOP CIRCLE **SAME**
SUITE 101
STERLING VA 20166-6511

REINSTATEMENT

AD
9/6/99

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

4. Date Incorporated or Qualified To Do Business in Florida	1/30/89
5. FEI Number	54-1296779
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	Applied For Not Applicable
\$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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P/D	John S. Smith	21400 Ridgetop Circle, Suite 101	Sterling VA 20166-6511
Exec VP S/T/D	David A. Baxter	21400 Ridgetop Circle Suite 101	Sterling VA 20166-6511
VP/D	David P. Smith	21400 Ridgetop Circle Suite 101	Sterling VA 20166-6511
VP/D	Frank A. Donaldson	21400 Ridgetop Circle Suite 101	Sterling VA 20166-6511

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 -03/29/99-01003-010
 ***1200.00 ***1200.00

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 Suite, Apt. #, Etc _____
 City _____ State **FL** Zip Code _____

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 *Kevin J. Gallagher*
Kevin J. Gallagher, Assistant Vice President

Date *3/8/99*

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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]* **SR V.P.** *3/8/99* (703) 444-1400
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E08-112/981