

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

1. DOCUMENT # M01000001829

Name and Mailing Address

0007116 01 FP 0.352 **PRSR T2 0 0615 20877-142050



POWER-FINDER WEST COMMUNICATIONS, LLC
9250 GAITHER RD.
GAITHERSBURG MD 20877-1420

02 DEC 30 PM 3:07

SECRETARY OF STATE
TALLAHASSEE FLORIDA



12/30 2002

2. New Mailing Address		4. State/Country of Formation MD	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 08/13/2001	
Principal Place of Business 9250 GAITHER RD. GAITHERSBURG MD 20877	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 52-2167937	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent Brian Courtney Date 12/30/02
Asst. V. Pres.
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
CEO	ALEXANDER J. EUCANE, JR	9250 GAITHER RD. GAITHERSBURG, MD	GAITHERSBURG, MD 20877
CFO	ROBERT KATZEN	9250 GAITHER RD.	GAITHERSBURG, MD 20877

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager Alexander J. Eucane Jr Date 11/13/02 Daytime Phone # 301-688-0690

Typed or printed name of signing Managing Member/Manager ALEXANDER J. EUCANE JR

CR2E084 (8/02)