Incorporating Services, Ltd. - Melissa A. Stops

Requester's Name

1540 Glenway Drive

Address

Tallahassee, FL 32301 656-7956

City/State/Zip Phone #

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2012 DEC 28 AM 10:05

M05000005540

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. CHENEGA FEDERAL SYSTEMS, LLC M05000005540
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 DEC 28 AM 8:00

FILED

☑ Walk in ☑ Pick up time 12/31/2012 ☐ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

AMENDMENTS

☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

600243113046
12-28-12 01006 015 $377.50

OTHER FILINGS

☐ Annual Report
☐ Fictitious Name

REGISTRATION/QUALIFICATION

☐ Foreign
☐ Limited Partnership
☑ Reinstatement
☐ Trademark
☐ Other

REINSTATEMENT 2011-2012

Examiner's Initials

J. SAULSBERRY
EXAMINER
DEC 31 2012

CR2E031(7/97)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2012 DEC 28 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/

DOCUMENT # M05000005540

1. Limited Liability Company's Name
CHENEGA FEDERAL SYSTEMS, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3000 C STREET	
Suite, Apt. #, etc.: SUITE 301	Suite, Apt. #, etc.
City & State: ANCHORAGE, AK	City & State
Zip: 99503 Country: USA	Zip Country

4. State/Country of Formation: ALASKA

5. Date Organized or Qualified To Do Business in Florida: 9/26/2005

6. FEI Number: 81-0666853 ☐ 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

Name: NRAI SERVICES, INC.

Street Address (P.O. Box Number is Not Acceptable): 515 EAST PARK AVENUE

Suite, Apt. #, Etc.:

City: TALLAHASSEE State: FL Zip Code: 32301

E-mail Address:
ROXANE.MONTGOMERY@CHENEGA.COM
(To be used for future annual report notices)

9. 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: by: Gretta L. McCool, Asst Sec. Date: 12-27-12
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/ Managers	Street Address of Each Managing Member/ Manager	City / State / Zip
MGR	CHENEGA CORPORATION	3000 C STREET, SUITE 301	ANCHORAGE, AK 99503

REINSTATEMENT
2011-2012

11. 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager: Date: 12-27-12 Daytime Phone #: 907-277-5706

Typed or printed name of signing Managing Member/Manager: CHENEGA CORPORATION, MANAGER/MEMBER, BY CHARLES W. TOTEMOFF, CEO & PRES