

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

07 OCT 24 PM 2:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10092007 REIN-LLC CR2E101 (1/07)

4. FEI Number **54-1718076** Applied For ☐ Not Applicable  
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DOCUMENT # M06000005786  
1. Entity Name  
ATCS, P.L.C.



Principal Place of Business  
45190 BUSINESS COURT, SUITE 100  
DULLES, VA 20166

Mailing Address  
45190 BUSINESS COURT, SUITE 100  
DULLES, VA 20166

2. Principal Place of Business - No P.O. Box #  
**45195 Business Ct**  
Suite, Apt. #, etc.  
**Suite 100**  
City & State  
**Dulles, VA**  
Zip  
**20166** Country  
**USA**

3. Mailing Address  
**45195 Business Ct.**  
Suite, Apt. #, etc.  
**Suite 100**  
City & State  
**Dulles, VA**  
Zip  
**20166** Country  
**USA**

6. Name and Address of Current Registered Agent  
CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
**FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  
SIGNATURE *Cynthia L. Harris* **Cynthia L. Harris** **Asst. Vice President** **10/12/07**  
Signature, typed or printed name of registered agent and title if applicable (Name and title required for reinstating) DATE

**FILE NOW!!! FEE IS \$50.00**  
**After January 1, 2008, Fee will be \$100.00**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARUTHERS, WILLIAM A 45190 BUSINESS COURT, SUITE 100 DULLES, VA 20166 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARUTHERS, WILLIAM A 45195 BUSINESS COURT, Suite 100 DULLES, VA 20166 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800111299988 10/24/07--01047--002 **\$0.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.

SIGNATURE: *[Signature]* **10/9/07** **703 430-7500**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #