

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N00000001805

1. Corporation Name

CHELONIAN RESEARCH INSTITUTE CORPORATION

Principal Place of Business

Mailing Address

402 S. CENTRAL AVE.
OVIEDO FL 32765

~~402 S. CENTRAL AVE.~~
~~OVIEDO FL 32765~~

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

3330 Washington Boulevard

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Suite 700

City & State

City & State
Arlington VA

Zip

Country

Zip

Country

22201

4. Date Incorporated or Qualified
To Do Business in Florida

03/20/2000

5. FEI Number

59-3661056

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 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	4 City / State / Zip
D	TRILAND, ROBERT W	15800 DARENSTOWN RD.	GERMANTOWN MD 20874
D	RHODIN, ANDERS	168 GOODRICH ST.	LUNENBERG, MA 01462
D	PRITCHARD, PETER	401 S. CENTRAL AVE.	OVIEDO FL 32765
T	FREEMAN, MARC L	3330 Washington Blvd.	Arlington VA 22201
S	SAHKUL, SVEN J	3330 Washington Blvd.	Arlington, VA 22201

8. Name and Address of Current Registered Agent

LEXIS DOCUMENT SERVICES INC.
3953 W.W. KELLEY RD.
TALLAHASSEE FL 32311

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

000005097210--8

-03/12/02--01052--030

****297.56 Date ****297.50

FL

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

C. Woodard, as agent, LDS
REGISTERED AGENT MUST SIGN

Date

2/20/02

11. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/02
Date

703-516-2600
Daytime Phone #

CR2E040 (8/01)