

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JAN 27 PM 1:59

SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # **N00000001805**

1. Corporation Name

CHOLONIAN RESEARCH INSTITUTE CORPORATION

2. Principal Office Address

402 S. CENTRAL AVE

Suite, Apt. #, etc.

City & State

OVIEDO FL

Zip

32765

Country

US

3. Mailing Office Address

1900 ORACLE WAY

Suite, Apt. #, etc.

SUITE 700

City & State

RESTON VA

Zip

20190-4733

Country

US

[Handwritten Signature]

600067020336

03/03/06--01025--005 **192.50

REINSTATEMENT

GR2EDB (12/05)

04-06

WOP

**4. Date Incorporated or Qualified
To Do Business in Florida**

3/20/00

5. FEI Number

593661056

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☒ **\$8.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

CORPORATION SERVICE CO.

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

1201 HAYS STREET

Suite, Apt. #, Etc.

City

TALLAHASSEE, FL

State

FL

Zip Code

32301-2699

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Handwritten Signature: Deborah D. Skipper]

Deborah D. Skipper

REGISTERED AGENT MUST SIGN

Asst. V. Pres.

Date

1/20/06

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	ROBERT W. FULLAND	15800 DARNESTOWN ROAD	GERMANTOWN MD 20874
D	PETER PRITCHARD	401 S. CENTRAL AVENUE	OVIEDO FL 32765
S	SVEN J. SAHKUL	1900 ORACLE WAY SUITE 700	RESTON VA 20190-4733
T	JOHN T. JORDAN	1900 ORACLE WAY SUITE 700	RESTON VA 20190-4733

10. 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 contained in Chapter 119, 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:

[Handwritten Signature: John T. Jordan]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN T JORDAN

1-19-06

Date

703-464-3081

Daytime Phone #

2006

**CHELONIAN RESEARCH INSTITUTE CORPORATION
1900 ORACLE WAY SUITE 700
RESTON, VA 20190-4733**

January 11, 2006

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

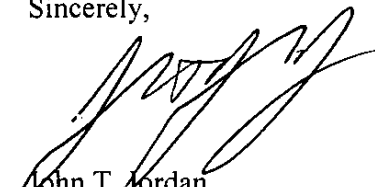
RE: FEIN 593661056 Document # N00000001805

Dear Sir:

Attached please find our application and check for years 2004, 2005 and 2006 annual report fees and certificate of Status fee of \$8.75.

We did not receive annual report notices in Report Years 2004 and 2005 since we moved August 1, 2003 to 1900 Oracle Way Suite 700, Reston, VA 20190-4733, our new mailing address. Please waive the reinstatement fee of \$236.25 on our Corporation Reinstatement form attached.

Sincerely,



John T. Jordan
Treasurer