


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
2006 OCT 24 PM 4:26
SECRETARY OF STATE
TALLAHASSEE FLORIDA

CORPORATION REINSTATEMENT 		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P01275			
1. Corporation Name RAMAC SERVICES CORPORATION			
2. Principal Office Address 8201 Greensboro Drive Suite, Apt. #, etc. Suite 900 City & State McLean, VA Zip 22102 Country USA		3. Mailing Office Address 12506 Lake Underhill Rd. Suite, Apt. #, etc. Mail Stop 840 City & State Orlando, FL Zip 32825 Country USA	

700081161247

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida		03/20/1984
5. FEI Number	23-2477497	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent		
Name Corporation Service Company		
Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street		
Suite, Apt. #, Etc.		
City Tallahassee	State FL	Zip Code 32301

REINSTATEMENT

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	<i>Denise Mick</i> Denise Mick as its agent	Date 10/24/06
REGISTERED AGENT MUST SIGN		

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
P/D	Lorraine Martin	12506 Lake Underhill Rd.	Orlando, FL 32825
D	Jay A. Brozost	6801 Rockledge Drive	Bethesda, MD 20817
D	Alfred L. Miller	12506 Lake Underhill Rd.	Orlando, FL 32825
VP/T	John C. McCarthy	6801 Rockledge Drive	Bethesda, MD 20817
AS	Karen J. Barrett	6801 Rockledge Drive	Bethesda, MD 20817
AT	Connie Mearkle	6801 Rockledge Drive	Bethesda, MD 20817

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:	<i>Karen J. Barrett</i> Karen J. Barrett	(301) 897-6000
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #

OCT 24 2006

LOCKHEED MARTIN TRAINING SOLUTIONS, INC.

Directors and Officers

Directors	Title	Business Address
Jay A. Brozost	Director	6801 Rockledge Drive Bethesda, MD 20817
Lorraine Martin	Director	12506 Lake Underhill Road Orlando, FL 32825
Alfred L. Miller	Director	12506 Lake Underhill Road Orlando, FL 32825
Officers	Title	Business Address
Lorraine Martin	President	12506 Lake Underhill Road Orlando, FL 32825
John C. McCarthy	Vice President and Treasurer	6801 Rockledge Drive Bethesda, MD 20817
Thomas M. Dorsey	Vice President	12506 Lake Underhill Road Orlando, FL 32825
Connie Mearkle	Assistant Treasurer	6801 Rockledge Drive Bethesda, MD 20817
Karen J. Barrett	Assistant Secretary	6801 Rockledge Drive Bethesda, MD 20817
Stuart D. Goldstein	Assistant Secretary (tax purposes)	6801 Rockledge Drive Bethesda, MD 20817
Frederick O. Kemmer	Assistant Secretary (tax purposes)	6801 Rockledge Drive Bethesda, MD 20817



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 543028 7160570

AUTHORIZATION

A handwritten signature in black ink, appearing to read "Lynne E. ...", is written over the word "AUTHORIZATION".

COST LIMIT : \$ 1650.00

ORDER DATE : October 20, 2006

ORDER TIME : 12:25 PM

ORDER NO. : 543028-085

CUSTOMER NO: 7160570

REINSTATEMENT

NAME: RAMAC SERVICES CORPORATION

RECEIVED
06 OCT 24 PM 2:48
ALBANY

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Denise Mick

EXAMINER'S INITIALS _____