

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
11 DEC -6 PM 12:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05612

1. Corporation Name

DCS Corporation

2. Principal Office Address - No P.O. Box #

51 Third Street

Suite, Apt. #, etc.

Building 10

City & State

Shalimar, FL

Zip

32579

Country

USA

3. Mailing Office Address

6909 Metro Park Drive

Suite, Apt. #, etc.

Suite 500

City & State

Alexandria, VA

Zip

22310

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

04/09/1985

5. FEI Number
54-1044062

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

Gary Plumb

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

51 Third Street

Suite, Apt. #, Etc.

Building 10

City

Shalimar

State

FL

Zip Code

32579

900211356799
08/23/11--01024--001 **1650.00

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

Date 5 Dec 2011

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	David E. Russell	6909 Metro Park Drive, Suite 500	Alexandria, VA 22310
V	Curtis L. Schehr	6909 Metro Park Drive, Suite 500	Alexandria, VA 22310
V	William Reuter	6909 Metro Park Drive, Suite 500	Alexandria, VA 22310
V	Thomas Fradette	6909 Metro Park Drive, Suite 500	Alexandria, VA 22310

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10. E-mail Address: cscschr@dcscorp.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, 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:

Curtis L. Schehr, V.P. & General Counsel

Date

12/5/11

Daytime Phone #

571-227-

6150