PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT

P10868

1. Corporation Name

THE ORKAND CORPORATION

Principal Place of Business

Mailing Address

7799 LEESBURG PIKE

7799 LEESBURG PIKE SUITE 700 N

FALLS CHURCH VI 22043

SUITE 700 N FALLS CHURCH VI 22043

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

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SECRETARY OF STATE TALLAHASSEE, FLORIDA



			New Mailing Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 07/23/1986		
Suite, Apt. #, etc. Suite, Apt. #,			, etc.		5. FEI Number	5. FEI Number 52-0900334	
City & State City & State							
Zip `	Country	Zip	Coun	itry	— 6. CERTIFICATE		Additional Fee require a Certificate of Status
7. Names a	and Street Addresses of Each Officer and	l/or Director (Flo	orida nonprofit corpo	rations must list at	least 3 directors)		
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director			City / State / Zip		
PD	ORKAND, DONALD S		7799 LEESBURG PIKE, SUITE 700 N		FALLS CHURCH VL22043		
VGOD VGC	Morse, Arnold	7799 LEESBURG PIKE, SUITE 700 N			Falls Church W Falls Church VA 2204?		
Ŷ	CAIN, DAVID L	7799 LEESBURG PIKE, SUITE 700 N			FALLS CHURCH VI. VA	22.043	
- v	FIRTH, E.M.	7799 LEESBURG PIKE, SUITE 700 N			FALLS CHURCH VI		
VCF0	CASCIONO, RICHARD		7799 LEESBURG PIKE, SUITE 700 N		FALLS CHURCH'N, VA 22043		
ýc <i>o</i> o				7799 Leesburg P.Ke, 700 N		Falls Church, VA 22043	
8. Name and Address of Current Registered Agent				Name and Address of New Registered Agent			
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301				Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code			
	appointed the registered agent of the al	pove named com	oration, am familiar			FL	

Signature of Registered Agent

BRIAN COURTNE

ASST. V.P.

-10/25/01--01030--016

****150,000 -****1500.00

REGISTERED AGENT MUST SIGN

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

SIGNATURE:

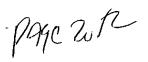
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SCIANO

8/01 103-610-420

Daytime Phone #





October 18, 2001

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

To Whom It May Concern:

I am writing this letter to acknowledge the receipt of the Notice of Administrative Dissolution or Revocation and lastly and most importantly to ask for a waiver of the reinstatement fee.

Our office received the Notice of Administrative Dissolution yesterday, October 17. We didn't however receive the first or second notice as stated under the important facts section of the Reinstatement Application. After speaking with our registered agent, CSC/The Prentice-Hall Corporation System, Inc., about this very serious matter, they informed me that the only way the reinstatement fee could be waived/abated is to indicate that we indeed didn't receive any of the notices sent to our office. Our agent also indicated that if our address is incorrect we could very well use that as an argument as well. After thoroughly reviewing our Reinstatement Application, I noticed that your office has our state listed as VI and not VA. Every other detail of the address is correct.

Enclosed you will find our Reinstatement Application as well as the Annual Report fee of \$150.00. We assure you that we didn't receive any of the Annual Report notices and that our state abbreviation is VA and not VI. We appreciate any due consideration you can give us and that you waive the reinstatement fee based on the aforementioned information. If you have any questions or concerns in reference to aforementioned, please do not hesitate to contact me at 703-610-4548 or you may e-mail me at fsanford@orkand.com. I appreciate your attention to this important matter.

Very Best Regards,

Frederick Sanford

Francia 2

Accountant I

The Orkand Corporation