PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Katherine Harris FILED FOR * Secretary of State REINSTATEMENT 00 0CT 25 PH 12: 18 **DIVISION OF CORPORATIONS** STATE TABLE OF STATE TABLE ACADED E. PLORIDA DOCUMENT # P26013 1. Corporation Name RCC CONSULTANTS, INC. 400003454974--7 -11/07/00--01061--010 ****750.00 ****750.00 Principal Place of Business Mailing Address 100 WOODBRIDGE CENTER DR 100 WOODBRIDGE CENTER DR STE 201 STE 201 WOODBRIDGE NJ 07095-125 WOODBRIDGE NJ 07095-125 IIS US 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 4. Date Incorporated or Qualified To Do Business in Florida 09/13/1989 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State 22-2661497 City & State Not Applicable \$8.75 Additional Fee required for a Certificate of Status Zip Country Zip Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director City / State / Zip Title(s) WOODBRIDGE NJ 100 WOODRIDGE CENTER DR. STE 201 HUNTER, MICHAEL W. PD 1525 WILSON BLVD, STE 500 ARLINGTON VA-22201-SMITH DENISON ARLINGTON <u>VA</u>-22201 525 WILSON BLVD, STE 500 SMITH, RANDALL-N 6269 LEESBURG PIKE. SMITH, RANDALL FALLS CHURCH 1525 WILSON BLVD, STE 300 6269 LEESBYRG SIVERTSEN, ERIC B SIVERTSEN NA SOOYY ARLINGTON VA 22201. 1525 WILSON BLVD, STE 500 MADIGAN, CLARK T 100 WOODBRIDGE CENTEROR. WOODBRIDGE N/ 07095 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent UNITED CORPORATE SERVICES, INC. 9200 SOUTH DADELAND BLVD. SUITE 508 **MIAMI FL 33156** Zip Code City State and accept the obligations of Section 607.0505, F.S 10. I, being appointed the registered agent of the above named REGISTERED AGENT MUST SIGN MICHAEL

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:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICE PRESIDENT AND ASST. SECRETARY

STEVEN T. APICEUA

0/20/00 732/404-2400

Daytime Phone #