

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

P 30447
Apogee Research, Inc

Principal Place of Business

Mailing Address

4350 East West Highway, STE 600
Bethesda, MD 20814

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

96-97
aw

4. Date Incorporated or Qualified
To Do Business in Florida

8/7/90

5. FEI Number

P 30447

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

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

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Treasurer Secretary	Richard R. Hudge	1116 Stackhouse Ct	Potomac, MD 20854
President	Kenneth I. Rubin	6907 Ridgewood Ave	Bethesda, MD 20815

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-12/30/97--01031--006
****923.75 ****923.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name Norm Pearson

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

3324 W. University Ave

Suite, Apt. #, Etc.

Suite 211

City

Gainesville

State

Zip Code

FL

32607

10. I, being appointed the

Signature of
Registered Agent

C. Norman Pearson

I am familiar with and accept the obligations of Section 607.0505, F.S.

AGENT MUST SIGN

Date 11/24/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/28/97

Daytime Phone #

(301)

652-8444

CR2E040 (12/96)