

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 # P33577		1. Corporation Name GRUMMAN SYSTEMS SUPORT CORPORATION W49000022335	
Principal Place of Business 814 W. DIAMOND AVENUE 3RD FLOOR, SUITE 350 GAITHERSBURG MD 20878		Mailing Address 814 W. DIAMOND AVENUE 3RD FLOOR, SUITE 350 GAITHERSBURG MD 20878	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip	
Country		Country	
4. Date Incorporated or Qualified To Do Business in Florida 04/12/1991		5. FEI Number 52-0997629	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For Not Applicable	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	MULDERIG, JOSEPH P	10 ORVILLE DRIVE	BOHEMA NY
S	JOHNSON, JAMES C	1840 CENTURY PARK EAST	LOS ANGELES CA 90067
D	MOVIUS, STEPHEN C.	2411 DULLES CORNER PRK	HERNDON VA
C	TAYLOR, HUGH E	15022 OMEGA DRIVE #100 814 W. DIAMOND AVE, # 350	ROCKVILLE MD GAITHERSBURG MD, 20878
			700003070977--1 -12/15/99-01854-002 ****900.00 ****900.00
8. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code	
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent: Vicky Goldstein SPECIAL ASSISTANT SECRETARY Date 11-15-99 REGISTERED AGENT MUST SIGN			
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (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: Hugh E Taylor		Date 09/22/99 301-417-2900 Daytime Phone #	

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 08-99

CR20040 (9-98)