

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

APPLICATION
FOR
REINSTATEMENT



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

1997 JUN 10 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P34785**

1. Corporation Name

Black's Guide, Inc.

Principal Place of Business

Mailing Address

818 West Diamond Avenue
Suite 300
Gaithersburg, MD 20878

REINSTATEMENT

92-97
1060
6/10/97

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

July 24, 1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

52-1579080

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
P	Michael A. DeSimone	818 W. Diamond Ave., #300	Gaithersburg, MD 20878
S	Maureen Koontz	818 W. Diamond Ave., #300	Gaithersburg, MD 20878
T	Maureen Koontz	818 W. Diamond Ave., #300	Gaithersburg, MD 20878
D	David M. Kanter	1910 Sunderland Place, N.W.	Washington, DC 20036
D	Robert A. Levy	9740 Sorrell Ave.	Potomac, MD 20854
D	Spero L. Kripotos	11200 Rockville Pike, #220	Rockville, MD 20852
D	David K.R. Thomson	65 Queen Street	Toronto, Canada M5H2M8

8. Name and Address of Current Registered Agent

Not applicable

9. Name and Address of New Registered Agent

Name CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State
FL

Zip Code
33324

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

Kevin J. Gallagher

Kevin J. Gallagher, Asst. V.P. REGISTERED AGENT MUST SIGN

Date 6-9-97
500002209475
06/11/97-01121-011

***1575.00 ***1575.00

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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: *Maureen Koontz*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 3, 1997 (301) 948-0995

Date

Daytime Phone #

CR2C040 (12/95)