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 # P38295

1. Corporate Name PARAGON DSSL, INC.

POOR ORIGINAL

FILED
97 FEB -6 PM 2:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business / Mailing Address

11440 COMMERCE PARK DR.
RESTON, VA 20191

If the addresses are incorrect in any way, line through incorrect information and enter correction below. DO NOT WRITE IN SPACE ABOVE.

2. New Principal Office Address, if Applicable	3. New Mailing Address, if Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified to Do Business in Florida: 4-13-92

5. FEI Number: 95-4366943 (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	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
PRES/ DIR	MICHAEL E. GALLAGHER	2049 Century Park East #330	Los Angeles, CA
SECT.	MIKE SUNDERLAND	2049 Century Park East #330	Los Angeles, CA
TREAS/ DIR	ANTHONY M. PICINI	11440 Commerce Park Dr	Reston, VA
DIR	CHARLES H. ROBBINS	11440 COMMERCE PARK DR	RESTON, VA

REINSTATEMENT 95-97 nt

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
CT Corporation System 1200 South Pine Island Road Plantation, FL 33324	Name Street Address (P.O. Box Number's Not Acceptable) Suite, Apt. #, Etc. City

700002084707--8
-02/12/97--01012--001
***1150.00 ***575.00

10. Having been appointed the registered agent of the above named corporation, I am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Connie Bryan — CONNIE BRYAN SPECIAL ASSISTANT SECRETARY — Date: 2/6/97
REGISTERED AGENT MUST SIGN

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)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) 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: Anthony M Picini — TREASURER — Date: 1/14/97 — Daytime Phone #: 703-295-6654
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR