

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC -1 PM 4:53

DOCUMENT # P38757

1. Corporation Name

HEADSTRONG, INC.

REINSTATEMENT 03

Principal Place of Business

Mailing Address

4035 RIDGE TOP ROAD
SUITE 300
FAIRFAX VA 22030

4035 RIDGE TOP ROAD
SUITE 300
FAIRFAX VA 22030

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

05/12/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

54-1253757

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PC	GORMAN, JOHN <i>not yet appointed</i>	3050 CHAIN BRIDGE ROAD/STE. 600	FAIRFAX VA 22030
VPC	BLITZ, NELSON <i>not yet appointed</i>	3050 CHAIN BRIDGE ROAD/STE. 600	FAIRFAX VA 22030
T	ZAWLE, JOHN BAULE, JOHN	3050 CHAIN BRIDGE ROAD SUITE 600 4035 RIDGE TOP ROAD SUITE 300	FAIRFAX VA 22030

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11/06/03--01063--009 **758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC
1201 HAYES ST
TALLAHASSEE FL 32301

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. or 617.0505, F.S.

Signature of
Registered Agent

Deborah D. Skipper

Deborah D. Skipper
Asst. V. Pres.

Date

12/1/2003

REGISTERED AGENT MUST SIGN

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/24/03

703-272-6670

CR2E040 (7/03)