PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 2-3-95

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JAN 26 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P40679

1. Corporation Name

CITICORP INTERNATIONAL COMMUNICATIONS, INC.

Mailing Address	Principal Place of Business
~~1 COURT SQ.~~ ~~LONG ISLAND CITY FL 11120~~ US	2700A GATEWAY DR. 1ST FL POMPANO BEACH FL 33069 US

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

500001401565
-02/09/95--01042--022
****200.00 ****200.00
DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable	3. New Principal Office Address, If Applicable
1100 Campus Commons IV	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Reston, VA	City & State
Zip: 22091 Country: USA	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 09/28/1992

5. FEI Number: 13-3108991 ☐ 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
PCD	BROOKS, HOWARD A.	1 COURT SQUARE	LONG ISLAND CITY NY
~~VD~~	~~BLOCK, ANDRE F.~~	~~1 COURT SQUARE~~	~~LONG ISLAND CITY NY~~
VS	NUGENT, P. MICHAEL	425 PARK AVE., 2ND FLOOR	NEW YORK NY
VTD	ARROYO, RICARDO	1 COURT SQUARE	LONG ISLAND CITY NY
			500001401565 -02/09/95--01042--025 ****383.75 ****383.75
		REINSTATEMENT 94-95 CD	

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent CWS

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State: FL | Zip Code

CR2E043 (6/94)

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: Barbara A Burke — REGISTERED AGENT MUST SIGN
BARBARA A. BURKE
SPECIAL ASSISTANT SECRETARY
Date: 1-23-95

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. 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.)

13. 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 of the corporation 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: Ricardo J. Arroyo / Ricardo J. Arroyo 1/12/95 (718) 248-4305
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0106394 FN