

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

00 MAR 15 PM 12:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P940000003915

1. Corporation Name

The Executive's Concierge, Inc

2. Principal Office Address

1965 Lakeport Way

Suite, Apt. #, etc.

3. Mailing Office Address

1965 Lakeport Way

Suite, Apt. #, etc.

City & State

Reston, VA

City & State

Reston, VA

Zip

20191

Country

USA

Zip

20191

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1/18/94

5. FEI Number

59-3218932

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

600003180196-6

Name

Keith Hope, P.A.

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

135 Woodcrest Lane

Suite, Apt. #, Etc.

City

Key Biscayne

State
FL

Zip Code

33149

REINSTATEMENT

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

3/14/00

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>P</u>	<u>Laura S. Fitzpatrick</u>	<u>1965 Lakeport Way</u>	<u>Reston VA 20191</u>
<u>T</u>	<u>Laura S. Fitzpatrick</u>	<u>1965 Lakeport Way</u>	<u>Reston VA 20191</u>
<u>S</u>	<u>Laura S. Fitzpatrick</u>	<u>1965 Lakeport Way</u>	<u>Reston VA 20191</u>

10. 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:

Laura S. Fitzpatrick

Date

2/28/00 703-716-0840

Daytime Phone #

CR2081 (9/99)