PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DIVISION OF CORPORATIONS
10 AUG -4 AM 10:57

09-10 B 8/5/10

REINSTATEMENT

600183357805
07/16/10--01021--010 **750.00

CR2E081 (6/10)

DOCUMENT # F06000007196

1. Corporation Name
First Script Network Services, Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
6705 Rockledge Drive	6705 Rockledge Drive
Suite, Apt. #, etc.: Suite 900	Suite, Apt. #, etc.: Suite 900
City & State: Bethesda, MD	City & State: Bethesda, MD
Zip: 20817 Country: USA	Zip: 20817 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 11/16/2006

5. FEI Number: 20-4096903 ☐ 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

Name: NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable): 2731 Executive Park Drive

Suite, Apt. #, Etc.: Suite4

City: Weston State: FL Zip Code: 33333-1525

600188857805
08/04/10--01030--001 **150.00

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: B. April Brady Asst. Secty. Date: June 21, 2010
REGISTERED AGENT MUST SIGN

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
CEO/Pres/Dir	David Young	6705 Rockledge Dr., Suite 900	Bethesda, MD 20817
Dir	James E. McGarry	6705 Rockledge Dr., Suite 900	Bethesda, MD 20817
Sr VP	Allen Karp	6705 Rockledge Dr., Suite 900	Bethesda, MD 20817
VP	Robert L. Gelb	6705 Rockledge Dr., Suite 900	Bethesda, MD 20817
VP	Arthur J. Lynch	6705 Rockledge Dr., Suite 900	Bethesda, MD 20817
Secty	Shirley R. Smith	6705 Rockledge Dr., Suite 900	Bethesda, MD 20817

10. **E-mail Address:** dmdonaldson@cvty.com
(To be used for future annual report notification)

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. I further certify, 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: Shirley R. Smith 6/21/2010 301-581-0600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #