


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F93000004603**

1. Corporation Name  
**TOLK, Inc.**

2. Principal Office Address - No P.O. Box # <b>8401 Arlington Blvd.</b>		3. Mailing Office Address <b>8401 Arlington Blvd.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Fairfax, VA</b>		City & State <b>Fairfax, VA</b>	
Zip <b>22031</b>	Country <b>US</b>	Zip <b>22031</b>	Country <b>US</b>

**FILED**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 OCT 16 AM 10:42

CR2E081 (12/08)

4. Date Incorporated or Qualified To Do Business in Florida **10/12/93**

5. FEI Number **54-1257342** 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  
**Corporation Service Company**

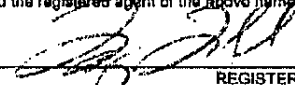
Street Address (P.O. Box Number is Not Acceptable)  
**1201 Hayes Street**

Suite, Apt. #, Etc.

City **Tallahass** State **FL** Zip Code **32301**

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0503, F.S.

Signature of Registered Agent  **Troy Todd** as its agent Date **10-16-2009**

REGISTERED AGENT MUST SIGN

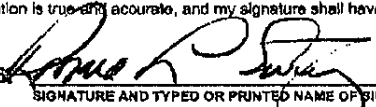
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
	See attached.		

**REINSTATEMENT**

**RH**

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 contained in Chapter 119, 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  **Ronald L. Ewing, EVP** Date **10/15/09** Daytime Phone # **703.849.0100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Florida Department of State  
Reinstatement (Doc. No. F93000004603)  
TOLK, Inc.

**ATTACHMENT**

9. Officers & Directors

<b>Title</b>	<b>Name</b>	<b>Street Address</b>	<b>City, State &amp; Zip</b>
Chairman	Sidney O. Dewberry	8401 Arlington Blvd.	Fairfax, VA 22031
Director	Barry K. Dewberry	8401 Arlington Blvd.	Fairfax, VA 22031
Director/Exec. VP	Ronald L. Ewing	8401 Arlington Blvd.	Fairfax, VA 22031
Director/President	Russell R. James	8401 Arlington Blvd.	Fairfax, VA 22031
Exec. Vice President	Donald E. Stone, Jr.	8401 Arlington Blvd.	Fairfax, VA 22031
Vice President	Raymond S. Holdener	8401 Arlington Blvd.	Fairfax, VA 22031
Vice President	Richard M. Ritner	8401 Arlington Blvd.	Fairfax, VA 22031
Treasurer	Mark H. Reiner	8401 Arlington Blvd.	Fairfax, VA 22031
Secretary	Craig N. Thomas	8401 Arlington Blvd.	Fairfax, VA 22031

**RH**

Florida Department of State  
Division of Corporations  
Public Access System

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To:

Division of Corporations  
Fax Number : (850) 617-6384

From:

Account Name : CORPORATION SERVICE COMPANY  
Account Number : I20000000195  
Phone : (850) 521-1000  
Fax Number : (850) 558-1575

**CORPORATION REINSTATEMENT**

**TOLK, INC.**

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**RH**