

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 JUL 29 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name F96000004760

Kaludis Consulting Group, Inc.

2. Principal Office Address

1919 M St., NW

Suite, Apt. #, etc.
Suite 440

City & State
Washington, DC 20036

Zip Country
20036 USA

3. Mailing Office Address

1919 M St., NW

Suite, Apt. #, etc.
Suite 440

City & State
Washington, DC 20036

Zip Country
20036 USA

REINSTATEMENT

01-02

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number 62-1654053

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
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc.

City
Plantation

State Zip Code
FL 33324

900007071919 -- 1
-08/13/02--01028--016
****308.75 ****08.75

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 Susan L. Eldredge Date 7-25-02
REGISTERED AGENT MUST SIGN Asst. Secretary & V. President

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
	George Kaludis Chairman and President	1919 M St., NW, Ste. 440	Washington, DC 20036
	John A. Stevens Sr. V.P. & C.O.O.	1919 M St., NW, Ste. 440	Washington, DC 20036
	Barry M. Cohen Sr. V.P.	1919 M St., NW, Ste. 440	Washington, DC 20036
	Audrey D. Ferguson Assistant Secretary	1919 M St., NW, Ste. 440	Washington, DC 20036

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: Audrey D. Ferguson Audrey D. Ferguson June 24, 2002 202 331-3652
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E08 (9/01)