

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 FEB 20 PM 3:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L34768

1. Corporation Name

Public Private Partnership, Inc.

2. Principal Office Address - No P.O. Box #

3911 Lorcom Lane

Suite, Apt. #, etc.

City & State

Arlington, Virginia

Zip

22207

Country

USA

3. Mailing Office Address

3911 Lorcom Lane

Suite, Apt. #, etc.

City & State

Arlington, Virginia

Zip

22207

Country

USA

REINSTATEMENT

CR2E081 (12/08)

06-09

4. Date Incorporated or Qualified To Do Business in Florida 12/08/1989

5. FEI Number 59-2979656

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
John R. Marks, Esq.

Street Address (P.O. Box Number is Not Acceptable)
200 West College Avenue

Suite, Apt # Etc.

City
Tallahassee

State Zip Code
FL 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 607.0505 or 617.0503, F.S.

Signature of Registered Agent

[Handwritten Signature]

Date 2/20/09

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
P	Arthur R. Collins	3911 Lorcom Lane	Arlington / Virginia / 22207

800144083328
02/23/09--01002--003 **1208.75

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:

[Handwritten Signature] Arthur R. Collins

2-18-09

Date

2022620193

Daytime Phone #

2/20aw