PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. page 1 of 2

APPLICATION FOR [redacted]

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

FILED
01 JAN -5 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000028574

1. Corporation Name

CAE GORDON, INC.

Principal Place of Business	Mailing Address
11607 SPRINGRIDGE ROAD POTOMAC MD 20854 US	11607 SPRINGRIDGE RD POTOMAC MD 20854 US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 03/28/1996

5. FEI Number: 65-0658268 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ — $8.75 Additional Fee required for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	GORDON, MICHAEL	11607 SPRINGRIDGE RD	POTOMAC MD 20854

300003536633--2
-01/16/01--01005--010
****150.00 ****150.00

00 UBR 10

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City — State: FL — Zip Code

CR2E040 (8/00)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: SIGNATURE REQUIRED — Date
REGISTERED AGENT MUST SIGN

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 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: SIGNATURE REQUIRED President — 11/29/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CAE GORDON, INC.
11607 SPRINGRIDGE ROAD
POTOMAC, MD 20854

Division of Corporations
P.O. Box 6237
Tallahassee, FL 32314-6327

November 13, 2000

To Whom It May Concern:

Please find attached the 2000 Annual Report for CAE Gordon, Inc. Document #P9600028574 along with the required filing fee of $526.25. We ask that you accept the return and payment and abate any penalties that may be imposed as a result of the filing date. Our main office, which is responsible for the filing of all annual returns, experienced turnover at all levels in the organization. We believe that the return was inadvertently misplaced or overlooked in the transition. The only notice that we received regarding our delinquency was the notice of revocation.

CAE Gordon, Inc. has always filed the Annual Report and all other tax returns due to the State of Florida in a timely fashion without exception. We ask that you take our payment and filing record into account when you make your decision regarding the abatement of penalty.

Please feel free to call me at 301-921-6661 or correspond with me at the above address.

Sincerely,

John T. Verdon
Accountant