

APPLICATION FOR



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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03/28/1996	
City & State		City & State		5. FEI Number	
Zip		Country		65-0658268	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	GORDON, MICHAEL	11607 SPRINGRIDGE RD	POTOMAC MD 20854
			300003536633--2 -01/16/01--01005--010 ***150.00 ***150.00

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 Zip Code
			FL

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: *[Handwritten Signature]* **SIGNATURE REQUIRED** *11/29/00*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/00)

Page 2 of 2

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

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

November 13, 2000

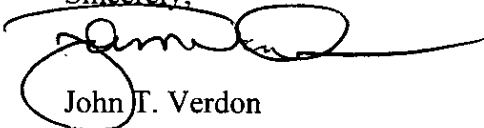
To Whom It May Concern:

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

*[Faint, illegible text at the bottom of the page, possibly a stamp or bleed-through from the reverse side.]*