

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P07701
1 Corporation Name:
OAO Corporation

99 APR -1 PM 3:09

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
7500 Greenway Center Drive
Greenbelt, MD 20770

REINSTATEMENT 93-99

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 State Incorporated or Qualified To Do Business in Florida 07/03/90

5 FEI Number 52-0943407

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City, State, Zip
P	Emmett Paige, Jr.	7500 Greenway Center	Greenbelt, MD 20770
VP	Earl K. Schneider, Jr.	7500 Greenway Center	Greenbelt, MD 20770
T/S	Hubert M. Reid	7500 Greenway Center	Greenbelt, MD 20770
VP	Marilyn Brewer	7500 Greenway Center	Greenbelt, MD 20770

8 Name and Address of Current Registered Agent

ICT Corporation
12005 Pine Island Road
Plantation, FL 33324

9 Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
000002831610-7
State, Apt. #, Etc. 04/07/99-01007-005
City ***1658.75 ***1658.75
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

ASST. SEC. Charles Shampung
REGISTERED AGENT MUST SIGN

Date 3-31-99

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12 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 119.073(1), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/99
Date

Daytime Phone #