

10/11/2005 11:05 8508785926

CT CORPORATION SYSTEM

PAGE 01/02

Division of Corporations

Page 1 of 1

L04000004519

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H05000240421 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850) 205-0383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5926

FILED
2005 OCT 11 AM 8:35
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

RECEIVED
05 OCT 11 AM 11:26
DIVISION OF CORPORATION

LIMITED LIABILITY REINSTATEMENT

ORANGE LAKE CONTRACTING, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$150.00

Electronic Filing Menu

Corporate Filing

Public Access Help

J. BRYAN OCT 12 2005

DCT-11-2005 09:16 FROM:

TD: 2025729606

P. 2/2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000004519

1. Limited Liability Company's Name
Orange Lake Contracting, LLC

2. Principal Office Address 7920 Norfolk Ave Suite, Apt. #, etc. Suite 300 City & State Bethesda MD Zip 20814		3. Mailing Office Address 7920 Norfolk Ave Suite, Apt. #, etc. Suite 300 City & State Bethesda MD Zip 20814	
Country	Country	Country	Country

4. State/Country of Formation
FL

5. Date Organized or Qualified To Do Business in Florida 01/16/2004

6. FEI Number Applied For Not Applicable

7. CERTIFICATE OF STATUS OBTAINED (\$50 fee in lieu of annual fee for a period of 1 year)

CRZED-1 (8/03)

FILED
2005 OCT 11 AM 8:35
TALLAHASSEE, FLORIDA

8. 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

City, State, Apt. #, Etc.
City
Plantation
State
FL
Zip Code
33324

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent *Mark S. Eppley* Mark S. Eppley Assistant Vice-President Date 10/11/05
REGISTERED AGENT MUST SIGN AND SECRETARY

10. Name and Street Address of Managing Member/Managers

Title	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City/State/Zip
Sole Member	Sonaca One Finance, Inc.	7920 NORFOLK AVE SUITE 300	Bethesda, MD 20814

11. I certify that I am managing member/manager or the creator or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for delinquency has been satisfied, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information included on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager *Rod Boddie* Date 10/11/05 Daytime Phone# 202-482-1616
Types or printed name of signing Managing Member/Manager Rod Boddie/Sonaca One Finance, Inc.