PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
96 DEC 13 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V59227**

1. Corporation Name

AMERICANA OUTPARCELS, INC.

Principal Place of Business	Mailing Address
1221 CONNECTICUT AVE. N.W. WASHINGTON DC 20036	1221 CONNECTICUT AVE. N.W. WASHINGTON DC 20036

REINSTATEMENT

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
6500 ROCK SPRING DRIVE	6500 ROCK SPRING DRIVE
Suite, Apt. #, etc.: SUITE 600	Suite, Apt. #, etc.: SUITE 600
City & State: BETHESDA, MD	City & State: BETHESDA, MD
Zip: 20817 Country:	Zip: 20817 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 08/21/1992

5. FEI Number: 59-3142472 — 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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	CAMALIER, F DAVIS	1221 CONNECTICUT AVE. N.W. 6500 ROCK SPRING DRIVE, SUITE 600	WASHINGTON DC 20036 BETHESDA, MD 20817
D	CAMALIER, CHARLES A III	1221 CONNECTICUT AVE. N.W. 6500 ROCK SPRING DRIVE, SUITE 600	WASHINGTON DC 20036 BETHESDA, MD 20817
			400002033294--2
			~~12/19/96--01015--009~~
			****375.00 ****375.00
			12-16-96

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
SCANLON, THOMAS D 255 S ORANGE AVE SUITE 1600 ORLANDO FL 32801	Name: THOMPSON, STEPHEN R Street Address (P.O. Box Number is Not Acceptable): 3479 19th Ave SW Suite, Apt. #, Etc.: City: NAPLES State: FL Zip Code: 34117

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 _____ Date _____
REGISTERED AGENT MUST SIGN

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 119.07(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: _____, President — 9/16/96 — 202-466-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CRE2040 (7/96)

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