PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
02 DEC 13 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L00000006563

1. Limited Liability Company's Name

220 NORTH OCEAN PARTNERS, L.L.C.

2. Principal Office Address	3. Mailing Office Address
220 North Ocean Blvd.	6501 Menlo Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Palm Beach, Fl	City & State: McLean, VA
Zip: 33480 Country: USA	Zip: 22101 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business In Florida: June 5, 2000

6. FEI Number: 20-2381880 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☑ $5.00 Additional Fee Required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: Doyle Rogers

Street Address (P.O. Box Number is Not Acceptable): 321 Royal Poinciana Plaza

Suite, Apt. #, Etc.:

City: Palm Beach State: FL Zip Code: 33480

POLICY 12/13/02--01054--004 **155.00

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: Doyle Rogers REGISTERED AGENT MUST SIGN Date: 12/12/02

CR2E048 (9/01)

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
	Joanne Barkett Managing Member	6501 Menlo Road	McLean, VA 22101

MERGER AMENDMENT 02-595

11. I certify that I am managing member/manager or the receiver 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 dissolution has been eliminated, 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 indicated 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: Joanne Barkett Date: 12/4/02 Daytime Phone #: 703-506-8015

Typed or printed name of signing Managing Member/Manager: Joanne Barkett