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CTCORPORATIONSYSTEM

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-------------------------------|
| <b>CORPORATION<br/>REINSTATEMENT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                 |  |                                                                                                                                                                                    | <b>FLORIDA DEPARTMENT OF STATE<br/>Secretary of State<br/>DIVISION OF CORPORATIONS</b> |                               |
| <b>DOCUMENT # P391787</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                 |                                                                                   |                                                                                                                                                                                    |                                                                                        |                               |
| 1. Corporation Name<br><b>Smith Group MidAtlantic Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                 |                                                                                   |                                                                                                                                                                                    |                                                                                        |                               |
| 2. Principal Office Address<br><b>1825 Eye St NW</b><br>Suite, Apt. #, etc.<br><b>Suite 250</b><br>City & State<br><b>Washington DC</b><br>Zip<br><b>20006</b> Country<br><b>U.S.A.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                 |                                                                                   | 3. Mailing Office Address<br><b>1825 Eye St NW</b><br>Suite, Apt. #, etc.<br><b>Suite 250</b><br>City & State<br><b>Washington DC</b><br>Zip<br><b>20006</b> Country<br><b>USA</b> |                                                                                        |                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                 |                                                                                   | 4. Day Incorporated or Qualified To Do Business in Florida <b>7/21/92</b>                                                                                                          |                                                                                        |                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                 |                                                                                   | 5. FEI Number<br><b>38-1045840</b>                                                                                                                                                 |                                                                                        | Applied For<br>Not Applicable |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                 |                                                                                   | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <small>SEE INSTRUCTIONS ON REVERSE</small>                                                                               |                                                                                        |                               |
| 7. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                 |                                                                                   |                                                                                                                                                                                    |                                                                                        |                               |
| Name<br><b>CT Corporation System</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                 |                                                                                   |                                                                                                                                                                                    |                                                                                        |                               |
| Street Address (P.O. Box Number is Not Acceptable)<br><b>1200 South Pine Island Road</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |                                                                                   |                                                                                                                                                                                    |                                                                                        |                               |
| Suite, Apt. #, Etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 |                                                                                   |                                                                                                                                                                                    |                                                                                        |                               |
| City<br><b>Plantation</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                 |                                                                                   |                                                                                                                                                                                    | State<br><b>FL</b>                                                                     | Zip Code<br><b>33324</b>      |
| 8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0500 or 617.0503, F.S.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                 |                                                                                   |                                                                                                                                                                                    |                                                                                        |                               |
| Signature of Registered Agent<br><b>Claudia L. Saan</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                 | REGISTERED AGENT MUST SIGN<br><b>Asst. Secretary</b>                              |                                                                                                                                                                                    | Date<br><b>3/15/05</b>                                                                 |                               |
| 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                 |                                                                                   |                                                                                                                                                                                    |                                                                                        |                               |
| Title                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Name of Officer and/or Director | Street Address of Each Officer and/or Director                                    | City / State / Zip                                                                                                                                                                 |                                                                                        |                               |
| President                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>Hal Davis</b>                | <b>1825 Eye St NW #250</b>                                                        | <b>Washington DC 20006</b>                                                                                                                                                         |                                                                                        |                               |
| Secretary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>Mark Mauer</b>               | <b>L</b>                                                                          | <b>S</b>                                                                                                                                                                           |                                                                                        |                               |
| Treasurer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>Phil Tobey</b>               | <b>L</b>                                                                          | <b>S</b>                                                                                                                                                                           |                                                                                        |                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                 |                                                                                   |                                                                                                                                                                                    |                                                                                        |                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                 |                                                                                   |                                                                                                                                                                                    |                                                                                        |                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                 |                                                                                   |                                                                                                                                                                                    |                                                                                        |                               |
| 10. 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(8)(c), 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: <b>[Signature]</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                 | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                |                                                                                                                                                                                    | Date<br><b>3/15/05</b><br>Daytime Phone #                                              |                               |

Division of Corporations

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**From:**  
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**CORPORATION REINSTATEMENT**

**SMITHGROUP MIDATLANTIC, INC.**

|                       |            |
|-----------------------|------------|
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