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 # 844823 (5)

1. Corporation Name
SHL Systemhouse Corp.

FILED
96 DEC 12 AM 10:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
600002028026--3
-12/12/96--01108--012
****375.00 ****375.00

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1801 Pennsylvania Ave, NW Washington, DC 20006	1133 19th St NW ATTN: DON JACOB WASHINGTON, DC 20036

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 Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business In Florida: 12/13/1979

5. FEI Number: 54-1091238 ☐ 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
P	SCOTT ROSS	3 RAVINIA DR.	ATLANTA, GA 30346
VP	CHARLES W. RAU	1133 19th ST, NW	WASHINGTON, DC 20036
S	MICHAEL SALSBURY	1801 PENNSYLVANIA AVE, NW	WASHINGTON, DC 20006
T	JONELLE ST. JOHN	1801 PENNSYLVANIA AVE, NW	WASHINGTON, DC 20006
D	MICHAEL SALSBURY	1801 PENNSYLVANIA AVE, NW	WASHINGTON, DC 20006
D	GERALD H. TAYLOR	1801 PENNSYLVANIA AVE, NW	WASHINGTON, DC 20006

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
CT CORPORATION 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324	Name: THE PRENTICE HALL CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS STREET Suite, Apt. #, Etc.: SUITE 105 City: TALLAHASSEE State: FL Zip Code: 32301

CR2E040(12/95)

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: By: Sheila P. Hawkins Asst. Secy. Date: 10-24-96
REGISTERED AGENT MUST SIGN
Sheila P. Hawkins, Asst. Secy.

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation 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: CHARLES W. RAU VICE PRES. 11/19/96 202-736-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #