PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 SEP -2 AM 11:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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09/02/10--01003--010 **1200.00

87-10 CR2E081 (6/10)

DOCUMENT # F00000001625

1. Corporation Name
CLARKSTON-POTOMAC GROUP, INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1007 SLATER ROAD	1007 SLATER ROAD
Suite, Apt. #, etc.: 4TH FLOOR	Suite, Apt. #, etc: 4TH FLOOR
City & State: DURHAM, NC	City & State: DURHAM, NC
Zip: 27703 Country: USA	Zip: 27703 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 03/23/2000

5. FEI Number: 541606655 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: REGISTERED AGENT SOLUTIONS, INC.

Street Address (P.O. Box Number is Not Acceptable): 155 OFFICE PLAZA DRIVE

Suite, Apt. #, Etc: SUITE A

City: TALLAHASSEE State: FL Zip Code: 32301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: SEAN PREWITT, ASST. SECRETARY
REGISTERED AGENT MUST SIGN

Date: 8/27/2010

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	NELSON, NEIL J	1007 SLATER ROAD	DURHAM, NC 27703
S	GILLESPIE, CAROL	1007 SLATER ROAD	DURHAM, NC 27703
D	STEFAN, JAMES F	1007 SLATER ROAD	DURHAM, NC 27703
CD	FINEGAN, THOMAS W	1007 SLATER ROAD	DURHAM, NC 27703
TCFO	STEWART, JEFFREY	1007 SLATER ROAD	DURHAM, NC 27703

10. E-mail Address: Clientservices@rasi.com
(To be used for future annual report notification)

11. 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. I further certify, 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: J Stewart CFO 16 Aug 10
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #