SEP. 22. 2006 3:00PM C S C NO. 349 P. 2/2

1 of 2

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FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

06 SEP 22 PM 3:23

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F01000005676

1. Corporation Name
AES Atlantis, Inc.

REINSTATEMENT 06

2. Principal Office Address	3. Mailing Office Address
4300 Wilson Boulevard	4300 Wilson Boulevard
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Arlington, VA	City & State: Arlington, VA 22203
Zip: 22203 Country: USA	Zip: 22203 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: October 31, 2001

5. FEI Number: 52-2044559 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional Fee Required for a Certified Copy

7. Name and Address of Current Registered Agent

Name: CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS STREET

Suite, Apt. #, Etc.:

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: Laura R. Dunlap — REGISTERED AGENT MUST SIGN

Laura R. Dunlap as its agent

Date: 9/22/06

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
Pres	Aaron Samson	4300 Wilson Boulevard	Arlington, VA 22203
VP	Scott Taylor	4300 Wilson Boulevard	Arlington, VA 22203
VP	Christopher Diez	4300 Wilson Boulevard	Arlington, VA 22203
Tres	Jodi Frost	4300 Wilson Boulevard	Arlington, VA 22203
Sec.	Tham Nguyen	4300 Wilson Boulevard	Arlington, VA 22203
Asst. S	Leith Mann	4300 Wilson Boulevard	Arlington, VA 22203

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(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: Leith Mann — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sept. 21, 2006 — Date

703-522-1315 — Daytime Phone #

H06000234903 3

B. Mitchell SEP 22 2006

2 of 2

Florida Department of State

Division of Corporations
Public Access System

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

CORPORATION REINSTATEMENT

AES ATLANTIS, INC.

Certificate of Status	1
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