

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 SEP -3 AM 8:38

DOCUMENT # F04000000355

1. Corporation Name

STRUCTURAL DESIGN GROUP LIMITED, INC.

200135964972
09/16/08--01016--030 **1050.00

CR2E081 (12/07)

2. Principal Office Address - No P.O. Box # 401 North Washington Street Suite, Apt. #, etc. Suite 900 City & State Rockville, Maryland Zip 20850		Country USA		3. Mailing Office Address 401 North Washington Street Suite, Apt. #, etc. Suite 900 City & State Rockville, Maryland Zip 20850		Country USA	
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4. Date Incorporated or Qualified To Do Business in Florida Jan. 22, 2004

5. FEI Number 52-1777424 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
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

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 Carina L. Dunlap **Carina L. Dunlap** **Asst. Vice President** Date 9/3/08

REGISTERED AGENT MUST SIGN

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
P/D	Jeffrey N. Overmiller	17400 Ridge Drive	Rockville, MD 20853
V/D	Rommel B. Fajardo	19302 Alderbarn Court	Brookeville, MD 20833

REINSTATEMENT 06-08 **B 9/4/08**

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 contained in Chapter 119, 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: Rommel B. Fajardo **Rommel B. Fajardo** Date 8-25-08 (301) 987-9234

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #