


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| | | | | | |
|--|-----------------------|---|--|--|--|
| CORPORATION REINSTATEMENT | |  | | FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # F96000002675 | | | | | |
| 1. Corporation Name Symphony Ancillary Services, Inc | | | | | |
| 2. Principal Office Address 910 Ridgebrook Rd Suite, Apt. #, etc. | | | 3. Mailing Office Address 910 Ridgebrook Rd Suite, Apt. #, etc. | | |
| City & State Sparks, MD | | | City & State Sparks MD | | |
| Zip 21152 | Country USA | | Zip 21152 | Country USA | |

FILED
02 NOV 12 AM 9:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300008413503
11/22/02--01041--026 **150.00

300008413503--4
-10/16/02--01108--016
***750.00 ***750.00

| | |
|--|--------------------------------------|
| 4. Date Incorporated or Qualified To Do Business in Florida 5/21/91 | |
| 5. FEI Number 52-1730117 | Applied For Not Applicable |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status | |

| | | |
|---|--------------------|--------------------------|
| 7. Name and Address of Current Registered Agent | | |
| Name National Corporate Research, LTD | | |
| Street Address (P.O. Box Number is Not Acceptable) 1106 Hays Street #2 103 N. Meridian St. | | |
| 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**

REGISTERED AGENT MUST SIGN

Date

10/18/02

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 | John Heller | 910 Ridgebrook Rd | Sparks MD 21152 |
| -V- | Melissa Wartow | | |
| T | Matthew Box | | |
| S | Ronald Lord | | |
| D | W. Bradley Bennett | | |
| | | | |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-15-02

Date

410-773-1000

Daytime Phone #

CR2E081 (9/01)