


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>	 <b>FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS</b>
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**FILED**

02 JAN 18 PM 1:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F97000006416

1. Corporation Name

Hanley Development, Inc.

2. Principal Office Address

2808 Tarflower Way

Suite, Apt. #, etc.

City & State

Naples, FL

Zip  
33942

Country

USA

3. Mailing Office Address

Arthur J. Dykes

6701 Democracy Boulevard

Suite, Apt. #, etc.

600

City & State

Bethesda, MD

Zip

20817

Country

USA

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida

09/11/1997

5. FEI Number

52-2154646

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

CT Corporation

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

Mark J. Dillenbaugh  
Asst. Secretary & V. President

REGISTERED AGENT MUST SIGN

Date

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
DS	C. Robert Hanley	2808 Tarflower Way	Naples, FL 33942
D	Margarate Hanley	2808 Tarflower Way	Naples, FL 33942
DPT	Daniel D. Hanley	13325 Manor Stone Drive	Germantown, MD 20874

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

011502 3019214440

Date

Daytime Phone #