

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

04 JUN 11 AM 8:02

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # F98000004716

1. Corporation Name

SPRINGHILL SMC CORPORATION

2. Principal Office Address

10400 FERNWOOD ROAD

Suite, Apt. #, etc.

DEPT 52.924.13

City & State

BETHESDA, MARYLAND

Zip

Country

20817

3. Mailing Office Address

10400 FERNWOOD ROAD

Suite, Apt. #, etc.

DEPT 52.924.13

City & State

BETHESDA, MARYLAND

Zip

Country

20817

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

522114923

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

THE PRENTICE-HALL CORPORATION SYSTEMS, INC

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

1201 HAYS STREET

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32301

100037993831
06/16/04--01005--020 **900.00

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

Date

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
PD	ROBERT J. MCCARTHY	10400 FERNWOOD RD	BETHESDA, MD 20817
VP	LESTER M. PULSE JR	10400 FERNWOOD RD	BETHESDA, MD 20817
T	CAROLYN-BURRIS HANDLON	10400 FERNWOOD RD	BETHESDA, MD 20817
AS	JEFF B. STANT	10400 FERNWOOD RD	BETHESDA, MD 20817
S	DOROTHY M. INGALLS	10400 FERNWOOD RD	BETHESDA, MD 20817
AS	NANCY L. BENZ	10400 FERNWOOD RD	BETHESDA, MD 20817

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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

301-380-8742

Daytime Phone #