


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

01 NOV -5 PM 12: 17

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT #

L-1467

1. Limited Liability Company's Name

ESS. Com, LLC

REINSTATEMENT 2001

2. Principal Office Address

300 W. Pratt St.

Suite, Apt. #, etc.

Suite 425

City & State

Baltimore Md

Zip

21201

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida USA

5. Date Organized or Qualified To Do Business in Florida

2/1/2000

6. FEI Number

52-222 1295

Applied For

Not Applicable

7.

CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

William R. Heitz P.A.

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

1801 S. Federal Highway

Suite, Apt. #, Etc.

Suite 237

City

Delray Beach

500004685425-8

-11/15/01--01058--027

****150.00 ****150.00

State

FL

Zip Code

33483

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent

William R. Heitz

REGISTERED AGENT MUST SIGN

Date 10/18/01

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
mgr	SCD+1	1707 Westminster Way	Annapolis Md 21401
mgr	JMC Technologies	7012 Glorious Light Place	Columbia Md 21044

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager

William R. Heitz

Date 10/18/01

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

410-539-6070

CR2ED041 (9/01)