PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED
01 OCT 23 PM 2:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

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

REINSTATEMENT 2001

DOCUMENT # L00000001644

1. Limited Liability Company's Name

NEW SINGELTARY LLC

2. Principal Office Address		**3.** Mailing Office Address	
c/o Telesis Corporation 1101 30th Street, NW		c/o Telesis Corporation 1101 30th Street, NW	
Suite, Apt. #, etc. Fourth Floor		Suite, Apt. #, etc. Fourth Floor	
City & State WASHINGTON, DC		City & State WASHINGTON, DC	
Zip 20007	Country USA	Zip 20007	Country USA

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified To Do Business in Florida
02/14/00

6. FEI Number
52-2265997
☐ 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
CT Corporation System

900004652822--5
-10/25/01--01072--019
****155.00 ****155.00

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc.

City	State	Zip Code
Plantation	FL	33324

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 Judi Agaio Judi Agaio Date 10/22/01
REGISTERED AGENT MUST SIGN

CR2E041 (9/00)

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
MGRM	Telesis Miami Corporation	1101 30th Street, NW Fourth Floor	Washington, DC 20007

10-23-01

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 A. Baldwin Asst. Sec'y Date 10/22/01 Daytime Phone # 202/333-8447

Typed or printed name of signing Managing Member/Manager William A. Baldwin, Asst. Secretary, Telesis Miami Corporation