

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
L00000004456

APPROVED AND FILED

02 DEC 12 AM 10:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L00000004456

Name and Mailing Address

0007161 01 FP 0.352 \*\*PRSR T2 0 0615 22102-440999

BRADENTON LAND, LLC

1861 INTERNATIONAL DRIVE  
MCLEAN VA 22102-4409



|   |  |  |  |
|---|--|--|--|
| 2. New Mailing Address                      |  | 4. State/Country of Formation                              |  |
| City, State, Zip                            |  | FL   |  |
| Principal Place of Business                 |  | 5. Date Organized or Qualified To Do Business in Florida   |  |
| 1861 INTERNATIONAL DRIVE<br>MCLEAN VA 22102 |  | 04/18/2000   |  |
| 3. New Principal Place of Business Address  |  | 6. FEI Number  |  |
| City, State, Zip                            |  | NOT APPLICABLE   |  |
|   |  | Applied For  |  |
|   |  | Not Applicable   |  |
|   |  | 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>  |  |
|   |  | \$5.00 Additional Fee required for a Certificate of Status |  |

|  |  |  |  |
|--|--|--|--|
| 8. Name and Address of Current Registered Agent                              |  | 9. Name and Address of New Registered Agent        |  |
| C T CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND ROAD<br>PLANTATION FL 33324 |  | Name   |  |
|  |  | Street Address (P.O. Box Number is Not Acceptable) |  |
|  |  | 000009494950                                       |  |
|  |  | 12/12/02--01125--001 **150.00                      |  |
|  |  | City FL Zip Code                                   |  |

10. I, being appointed the registered agent of the above named limited liability company, accept the obligations of Chapter 608, F.S.

Signature of Registered Agent [Signature] **Anusha Putty**  
**Vice President and Assistant Secretary** Date 12/3/02

REGISTERED AGENT MUST SIGN

| 11. Names and Street Addresses of Each Managing Member/Manager |                                   |  |                    |
|--|-----------------------------------|--|--------------------|
| Title(s)   | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager | City / State / Zip |
| MGRM   | SAYLOR, MICHAEL J                 | 1861 INTERNATIONAL DR.                         | MCLEANVA 22102     |
|  |                                   |  |                    |
|  |                                   |  |                    |
|  |                                   |  |                    |
|  |                                   |  |                    |
|  |                                   |  |                    |
|  |                                   |  |                    |

12. 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 [Signature] Date 12/10/02 Daytime Phone # 703-848-8620

Typed, printed name of signing Managing Member/Manager Michael J. Saylor

CR2E034 (8/02)