PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
02 DEC 13 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L00000006563

1. Limited Liability Company's Name

220 NORTH OCEAN PARTNERS, L.L.C.

2. Principal Office Address		3. Mailing Office Address	
220 North Ocean Blvd.		6501 Menlo Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Palm Beach, FL		City & State: McLean, VA	
Zip: 33480	Country: USA	Zip: 22101	Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business In Florida: June 5, 2000

6. FEI Number: 20-2381880 — 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: Doyle Rogers

Street Address (P.O. Box Number is Not Acceptable): 321 Royal Poinciana Plaza

700009505387
12/13/02--01054--004 **155.00

Suite, Apt. #, Etc.:

City: Palm Beach — State: FL — Zip Code: 33480

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: Doyle Rogers — REGISTERED AGENT MUST SIGN — Date: 12/12/02

CR2E041 (9/01)

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
	Joanne Barkett Managing Member	6501 Menlo Road	McLean, VA 22101

REINSTATEMENT 02-cus da

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: Joanne Barkett — Date: 12/4/02 — Daytime Phone #: 203-506-9015

Typed or printed name of signing Managing Member/Manager: Joanne Barkett