

**L01000001461**

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**LIMITED LIABILITY REINSTATEMENT**

**CLARK DCC BUILDERS, L.L.C.**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

October 11, 2005

CLARK DCC BUILDERS, L.L.C.  
7500 OLD GEORGETOWN ROAD  
BETHESDA, MD 20814

SUBJECT: CLARK DCC BUILDERS, L.L.C.  
REF: E01000001461

We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

✓ To proceed, you must abandon this filing and resubmit your filing under the appropriate electronic filing type.

You must file under a limited liability reinstatement.

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Diane Cushing  
Document Specialist

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DIVISION OF CORPORATIONS

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

|                                                                                                     |                   |                                                                                                                                                                        |                   |
|-----------------------------------------------------------------------------------------------------|-------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| <b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>                                                      |                   |  <b>FLORIDA DEPARTMENT OF STATE</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |                   |
| <b>DOCUMENT # L01000001461</b><br>1. Limited Liability Company's Name<br>Clark DCC Builders, L.L.C. |                   |                                                                                                                                                                        |                   |
| 2. Principal Office Address<br>7500 Old Georgetown Road<br>Suite, Apt. #, etc.                      |                   | 3. Mailing Office Address<br>7500 Old Georgetown Road<br>Suite, Apt. #, etc.                                                                                           |                   |
| City & State<br>Bethesda, MD                                                                        |                   | City & State<br>Bethesda MD                                                                                                                                            |                   |
| Zip<br>20716                                                                                        | Country<br>U.S.A. | Zip<br>MD                                                                                                                                                              | Country<br>U.S.A. |
| 4. State/Country of Formation<br>Florida                                                            |                   | 5. Date Organized or Qualified To Do Business in Florida<br>01/29/2001                                                                                                 |                   |
| 6. FEI Number<br>32-2295671                                                                         |                   | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                 |                   |
| 7. CERTIFICATE OF STATUS DISCLOSED <input type="checkbox"/>                                         |                   |                                                                                                                                                                        |                   |

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|                                                                                                                                                                                                                    |  |             |                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------|-------------------|
| 8. Name and Address of Current Registered Agent<br>Name<br>CT Corporation System<br>Street Address (P.O. Box Number is Not Acceptable)<br>1200 South Pine Island Road<br>Suite, Apt. #, Etc.<br>City<br>Plantation |  | State<br>FL | Zip Code<br>33324 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------|-------------------|

| 9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.<br>Signature of Registered Agent <u>Mark S. Eppley</u><br>Date <u>10/10/05</u><br>REGISTERED AGENT MUST BE SECRETARY                                                                                                                                                                                                                                                                                                     |                                     |                                                |                                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|------------------------------------------------|---------------------------------------------|
| 10. Names and Street Addresses of Managing Members/Managers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                                |                                             |
| Time                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Name of Managing Member/Manager     | Street Address of Each Managing Member/Manager | City / State / Zip                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Clark Realty Builders, LLC - Member | 7500 Old Georgetown Road                       | Bethesda, Md 20814                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Lawrence C. Nussdorf - Manager ✓    | 7500 Old Georgetown Road                       | Bethesda, MD 20814                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | W. Cleveland Johnson - Manager ✓    | 2 Bethesda Metro, Suite 250                    | Bethesda, MD 20814                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Douglas R. Sandor - Manager ✓       | 2 Bethesda Metro, Suite 250                    | Bethesda, MD 20814                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Glenn A. Ferguson - Manager ✓       | 2 Bethesda Metro, Suite 250                    | Bethesda, MD 20814                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | David Scott - Manager ✓             | 760 Florida Central Parkway Suite 212          | Longwood, FL 32750                          |
| 11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 605, 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 605.405, F.S., and that all fees owed by the limited liability company have been paid. The information included on this application is true and correct, and my signature shall have the same legal effect as if made under oath. |                                     |                                                |                                             |
| Signature of Managing Member/Manager <u>David Scott</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     | Date <u>10/10/05</u>                           | Daytime Phone# <u>407-834-3300 ext. 205</u> |
| Typed or printed name of signing Managing Member/Manager <u>David Scott - Manager</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |                                                |                                             |