LIMITED LIABILITY COMPANY		



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # LOZO0006506

1. Limited Liability Company's Name

FILED

03 OCT 21 AN 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

-	Potomac Steering Group, L.C.		
2. Princip 30 Suite, Apt. City & State	ACCE Country SA ZZOZ7 USA	4. State/Country of Formation FURDA/USA 5. Date Organized or Qualified To Do Business in Florida 3/12/02 6. FEI Number 7 Steve Applied For MPOLICOFO TO Not Applicable 7. CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent			
	Street Address (P.O. Box Number is Not Acceptable) So 26 Kill Arney Drive Suite, Apt. #, Etc.		
	City PACE	State Zip Code FL 32571	
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 Date REGISTERED AGENT MUST SIGN			
10. Name	les and Street Addresses of Managing Members/Managers Name of Street Address of Eac	ob.	
Titles	Managing Members/Managers Managing Member/Man		
Mar	James M. GarretTSON 2221 Halayon LA	me, Vienna, VA ZZ181	
Mgz	-SUVIANA M. GANGUSON 2221 HATGON	Are Vienna, VA 22181	
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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 filling 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 Date 10 5/03 Daytime Phone # 703-750-7450 Typed or printed name of signing Member/Manager AMES M - CANCITSON			
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