

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
04 JAN 21 AM 9:11  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT #. L02000029171

1. Limited Liability Company's Name

STARK SOLUTIONS, LLC

200025637552  
01/21/04--01084--015 \*\*50.00

1/21

2. Principal Office Address		3. Mailing Office Address	
2731 NE 14TH ST, AP 735		20451 Chesapeake SQ	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
POMPANO=BEACH=VA		Sterling, VA	
Zip	Country	Zip	Country
33062		20165	Loudoun

4. State/Country of Formation	
FL	
5. Date Organized or Qualified To Do Business in Florida	
11/1/2002	
6. FEI Number	Applied For
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

Name		
Corporation Service Company		
Street Address (P.O. Box Number is Not Acceptable)		
1201 Hays Street		
Suite, Apt. #, Etc.		
City		
Tallahassee		
State	Zip Code	
FL	32301	

200025637552  
12/19/03--01048--001 \*\*151.00

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 By: Jane S. Krayer Date 1/16/04  
Jane S. Krayer, REGISTERED AGENT MUST SIGN  
Asst. Vice President

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
Managing Member	Ann M. Stark	20451 Chesapeake Sq.	Sterling, VA 20165
		Unit 203	

REINSTATEMENT 2003-2004

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 Ann M. Stark Date 12/15/03 Daytime Phone # (703) 404-2230  
Typed or printed name of signing Managing Member/Manager Ann M. Stark