


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (10/08)

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|---|-----------------------------------|--|-----------------------|
| LIMITED LIABILITY COMPANY REINSTATEMENT | |  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # L05000024492 | | | |
| 1. Limited Liability Company's Name Somerset Florida LLC | | | |
| 2. Principal Office Address - No P.O. Box # 12340 Crain Highway | | 3. Mailing Office Address P.O. Box 2647 | |
| Suite, Apt. #, etc. Unit 500 | | Suite, Apt. #, etc. | |
| City & State Newburg, MD | | City & State La Plata, MD | |
| Zip 20664 | Country USA | Zip 20646 | Country USA |
| 4. State/Country of Formation Florida | | 5. Date Organized or Qualified To Do Business in Florida 3-10-2005 | |
| 6. FEI Number 27-0640738 | | <input type="checkbox"/> Applied For <input type="checkbox"/> 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 CorpDirect Agents, Inc. Street Address (P.O. Box Number is Not Acceptable) 515 East Park Avenue Suite, Apt. #, Etc. City Tallahassee State FL Zip Code 32301 | | | |
| 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 <u><i>Michael Holden, Asst. Sec.</i></u> Date August 5, 2009 REGISTERED AGENT MUST SIGN | | | |
| 10. Names and Street Addresses of Managing Members/Managers | | | |
| Title | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager | City / State / Zip |
| MGRM | John H. Sites | 387A Edwards Drive | King George, VA 22485 |
| MGRM | Stephen A. West, Jr. | 1050 Connecticut Avenue, N10 | Washington, DC 20036 |
| REINSTATEMENT-06-09 700159476777 08/11/09 01032-011 **555.00 | | | |
| 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 <u><i>Stephen West</i></u> Date 6-29-2009 Daytime Phone # 540-645-7813 Typed or printed name of signing Managing Member/Manager Stephen West JOHN H. SITES | | | |

C.S.