

L94000000223
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUL 13 AM 9:27

DOCUMENT # L94000000223

1. Limited Liability Company's Name

Cornerstone H.P.T. Limited Company

10/14/99

2. Principal Office Address

6845 Elm Street

3. Mailing Office Address

P.O. Box 8345

Suite, Apt. #, etc.

Penthouse

Suite, Apt. #, etc.

City & State

McLean, VA

City & State

McLean, VA

Zip

22101

Country

USA

Zip

22106

Country

USA

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified

To Do Business in Florida 5/23/94

6. FEI Number

54-1711714

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

Andrew O'Malley, c/o Carey, O'Malley, Whitaker & Merson

Street Address (P.O. Box Number is Not Acceptable)

712 S. Oregon Ave.

400004484234 -- 8

Suite, Apt. #, Etc.

07/18/01 01042 018

****250.00 **** 50.00

City

Tampa

State

FL

Zip Code

33606

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date

7/9/01

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
MGRM	Daniel Schreiber	6845 Elm Street, Penthouse	McLean, VA 22101
		UBR-99	\$50
		UBR-00	\$50
		UBR-01	\$50
		Rein	\$100
		REINSTATEMENT	1999 01
			\$250.00 up

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

[Handwritten Signature]

Date 7/6/01

Daytime Phone# 703-822-8690

Typed or printed name of signing Managing Member/Manager

Daniel Schreiber

CR2001 (9/00)