

**MO2000001552**

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FILED**

04 APR -1 PM 2:24  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT #</b> <u>MO2000001552</u>			
1. Limited Liability Company's Name <u>Discovery Galleries of Coral Gables, L.L.C.</u>			
2. Principal Office Address <u>4840 Bethesda Avenue</u>		3. Mailing Office Address <u>4840 Bethesda Avenue</u>	
City & State <u>Bethesda, Maryland</u>		City & State <u>Bethesda, Maryland</u>	
Zip <u>20814</u>		Country <u>USA</u>	
4. State/Country of Formation <u>Maryland</u>		5. Date Organized or Qualified To Do Business in Florida <u>June 17, 2002</u>	
6. FEI Number <u>043671809</u>		Applied For <input type="checkbox"/>	
7. CERTIFICATE OF STATUS DESIGNATION <input checked="" type="checkbox"/>			

03

*Handwritten initials*

8. Name and Address of Current Registered Agent

Name  
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)  
1200 South Pine Island Road

City  
Plantation

State  
FL

Zip  
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.

Signature of Registered Agent  
[Signature] ANUBHA PATEL, VP Date 3/25/04

10. Names and Street Addresses of Managing Member/Managers

TYPE	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Robert B. Harris	4840 Bethesda Avenue	Bethesda, Maryland 20814

11. I certify that I am a 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 604.02, F.S. and that all taxes owed by the limited liability company have been paid. The information furnished 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  
Robert B. Harris Date 03-24-04 Daytime Phone # 301-913-8192

Type of printed name of signing Managing Member/Manager  
ROBERT B HARRIS

**REINSTATEMENT 2003-2004**

*Handwritten initials*

10002259051  
 04/13/04-01025--021 \*\*20.00