

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2008 NOV 12 PM 12: 26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # M03000003054					
1. Entity Name CLARK SURETY SERVICES, LLC					
Principal Place of Business 7500 OLD GEORGETOWN ROAD BETHESDA, MD 20814			Mailing Address 7500 OLD GEORGETOWN ROAD BETHESDA, MD 20814		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		10272008 REIN-LLC CR2E101 (1/07)	
Zip		Country		4. FEI Number 52-2299206	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$138.75		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
After January 1, 2009, Fee will be \$277.50					
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SHOOK, WILSON M 216 S. JEFFERSON STREET, SUITE 502 CHICAGO, IL 60661	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Harold K. Roach, Jr. 7500 Old Georgetown, Bethesda MD 20814	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MONTGOMERY, DAN T 7500 OLD GEORGETOWN ROAD BETHESDA, MD 20814	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Dale Rosenthal 7500 Old Georgetown, Bethesda MD 20814	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KOCH, STEPHEN L 7500 OLD GEORGETOWN ROAD BETHESDA, MD 20814	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Susan Williamson-Ross 7500 Old Georgetown, Bethesda, MD 20814	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HOOFF, JAMES A 7500 OLD GEORGETOWN ROAD BETHESDA, MD 20814	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Robert D. Moser 7500 Old Georgetown, Bethesda, MD 20814	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR O'KEEFE, JOHN P 7500 OLD GEORGETOWN ROAD BETHESDA, MD 20814	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	400137857344 11/12/08--D1047--002 **138.75 REINSTATEMENT	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	REINSTATEMENT	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			10/27/08 Date		3012726866 Daytime Phone #