M05000001258

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 MAR 29 AM 10:06

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

BK

600173461506

CR2E041 (11/09)

DOCUMENT #

1. Limited Liability Company's Name

Hanley-Wood, LLC

07

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
One Thomas Circle NW	
Suite, Apt. #, etc.: 600	Suite, Apt. #, etc.
City & State: Washington DC	City & State
Zip: 20005 Country: USA	Zip Country

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida:

6. FEI Number: 20-3821493 ☐ 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: CAPITOL CORPORATE SERVICES, INC.

BK

Street Address (P.O. Box Number is Not Acceptable): 155 Office Plz Dr

Suite, Apt. #, Etc.: Ste A

City: Tallahassee State: FL Zip Code: 32301

☑ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

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: Barbara A Kaufman, Asst Sec. Date: 3/29/10

REGISTERED AGENT MUST SIGN

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
MGR	FSC Holdings LLC	One Thomas Circle NW Ste 600	Washington DC 20005
		REINSTATEMENT	2007-2010

11. E-mail Address: _____
(To be used for future annual report notification)

12. 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: MBel Date: 3/26/10 Daytime Phone #: 202 380 3772

Typed or printed name of signing Managing Member/Manager: Michael Bender, Authorized Person

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FLORIDA FILING & SEARCH SERVICES, INC.
P.O. BOX 10662 TALLAHASSEE, FL 32302
155 Office Plaza Dr Ste A Tallahassee FL 32301
PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: **03-29-10**

NAME: HANLEY-WOOD, LLC

TYPE OF FILING: **REINSTATEMENT**

COST: **$555**

RETURN:

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ACCOUNT: **FCA000000015**

AUTHORIZATION: **ABBIE/PAUL HODGE**

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