

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED
Apr 11, 2008
Secretary of State**

DOCUMENT# M06000006692

Entity Name: SNVC, L.C.

Current Principal Place of Business:

12150 MONUMENT DR. STE 510
FAIRFAX, VA 22033

New Principal Place of Business:

Current Mailing Address:

12150 MONUMENT DR. STE 510
FAIRFAX, VA 22033

New Mailing Address:

FEI Number: 54-1898422 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

INCORP SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 US

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.

SIGNATURE: INCORP SERVICES, INC.

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGR () Delete
Name: DEWITT, THOMAS
Address: 12150 MONUMENT DR. STE 510
City-St-Zip: FAIRFAX, VA 22033

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Delete
Name: CARLSON, MARK
Address: 12150 MONUMENT DR. STE 510
City-St-Zip: FAIRFAX, VA 22033

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Delete
Name: ATHAN, BYRON
Address: 12150 MONUMENT DR. STE 510
City-St-Zip: FAIRFAX, VA 22033

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: LYTLE, WILLIAM
Address: 12150 MONUMENT DR. STE 510
City-St-Zip: FAIRFAX, VA 22033

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARK CARLSON

MGR

04/11/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date