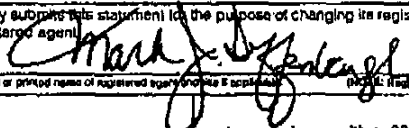
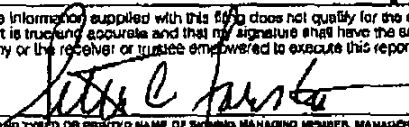


2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
08 NOV -7 AM 8:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M07000003922					
1. Entity Name POINT DEVELOPMENT ADVISORY GROUP 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		
Zip		Country	Zip		Country
4. FB Number			☐ Applied For ☒ Not Applicable		
5. Certificate of Status Desired			☐ \$5.00 Additional Fee Required ☐		
6. Name and Address of Current Registered Agent			7. Name and Address of Now 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  Signature, typed or printed name of registered agent and date if applicable			Mark J. Dittenbaugh Asst. Secretary & V. President Make check payable to Florida Department of State		
FILE NOW!!! FEE IS \$138.75 After January 1, 2009, Fee will be \$377.50			In accordance with s. 807.193(2)(b), F.S., the limited liability company did not receive the prior notice.		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FORSTER, PETER C 7500 OLD GEORGETOWN ROAD BETHESDA, MD 20814	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JORDAN, SIDNEY J 2502 NORTH ROCKY POINT DRIVE, STE. 200 TAMPA, FL 33607	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OMRAN, JOHN J 2502 NORTH ROCKY POINT DRIVE, STE. 200 TAMPA, FL 33607	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
11. I hereby certify that the information supplied with this form 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			Peter C. Forster Date Daytime Phone #		

Florida Department of State
Division of Corporations
Public Access System

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Division of Corporations
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Account Number : FCA000000023
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LIMITED LIABILITY REINSTATEMENT

POINT DEVELOPMENT ADVISORY GROUP LLC

Certificate of Status	0
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November 10, 2008

FLORIDA DEPARTMENT OF STATE
Division of CorporationsPOINT DEVELOPMENT ADVISORY GROUP LLC
7500 OLD GEORGETOWN ROAD
BETHESDA, MD 20814SUBJECT: POINT DEVELOPMENT ADVISORY GROUP LLC
REF: M07000003922FILED
08 NOV - 7 AM 8:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must list your Federal Employer Identification Number in the appropriate block. If applied for, enter "applied for", or if not applicable, enter "N/A".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce
Regulatory Specialist IIFAX Aud. #: H08000252390
Letter Number: 008A00056668

⊛ Please
Date 11/7/08