PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
14 OCT 24 AM 11:49
SECRETARY OF STATE
TALLAHASSEE FLORIDA

100265828161

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M12000000898

CR2E041 (1/14)

1. Limited Liability Company's Name
OGSYSTEMS, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
14900 CONFERENCE CENTER DRIVE	14900 CONFERENCE CENTER DRIVE
Suite, Apt. #, etc. SUITE 500	Suite, Apt. #, etc. SUITE 500
City & State CHANTILLY, VA	City & State CHANTILLY, VA
Zip 20151 / Country USA	Zip 20151 / Country USA

4. State/Country of Formation: Virginia

5. Date Organized or Qualified To Do Business in Florida: 02-14-2012

6. FEI Number: 84-1655820 ☐ 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: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt #, Etc.:

City: Tallahassee / State: FL / Zip Code: 32301

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: Courtney Williams REGISTERED AGENT SIGNATURE Asst. Vice President Date 10-24-14

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
AMBR	Garrett Pagon	14900 Conference Center Drive, Suite 500	Chantilly, VA 20151
AMBR	Omar Balkissoon	14900 Conference Center Drive, Suite 500	Chantilly, VA 20151
AMBR	John Krobath	14900 Conference Center Drive, Suite 500	Chantilly, VA 20151

REINSTATEMENT

OCT 24 2014

R. HUNT

11. E-mail Address: Lily.Xu@ogsystems.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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; I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/ Manager: Date Oct 16, 2014 Daytime Phone # 703.870.7552

Typed or printed name of signing Authorized Representative/ Manager: John Krobath

CORPORATION SERVICE COMPANY®

ACCOUNT NO. : I20000000195

REFERENCE : 322336 7904333

AUTHORIZATION :

COST LIMIT : $ 377.50

ORDER DATE : October 2, 2014

ORDER TIME : 9:11 AM

ORDER NO. : 322336-020

CUSTOMER NO: 7904333

REINSTATEMENT

NAME: OGSYSTEMS, LLC

XX___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams

OCT 24 2014

EXAMINER'S INITIALS R. HUNT

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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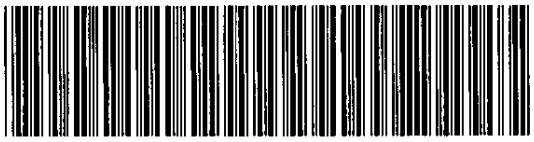

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