PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

13 OCT 10 PM 3:46

DOCUMENT # M12000006195

1. Limited Liability Company's Name
HIMJR3 LLC

CR2E041 (1/11)

2. Principal Office Address - Do Not P.O. Box #	3. Mailing Office Address
6610 Amberton Drive	6610 Amberton Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Elkridge, MD	City & State: Elkridge, MD
Zip: 21075 Country: USA	Zip: 21075 Country: USA

4. State/Country of Formation: Maryland

5. Date Organized or Qualified To Do Business in Florida: 11/2/2012

6. FEI Number: 46-1448959 ☐ 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

E-mail Address: mhippchen@intelligent.net
(To be used for future annual report notices)

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: Sue G. Knight — Sue G. Knight Assistant Vice President 10-10-13
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
Manar	Harry I. Martin, Jr	21445 Beaumeade Circle	Ashburn, VA 20147

200252681922

REINSTATEMENT

OCT 10 2013

R. HUNT

11. I certify that I am managing member/manager of the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of Managing Member/Manager: _____ Date: 9 Oct 2013 Daytime Phone #: 703.554.1608

Typed or printed name of signing Managing Member/Manager: Harry I. Martin, Jr.

CORPORATION SERVICE COMPANY®

ACCOUNT NO. : I20000000195

REFERENCE : 840133 7760422

AUTHORIZATION :

COST LIMIT : $ 238.75

ORDER DATE : October 9, 2013

ORDER TIME : 12:56 PM

ORDER NO. : 840133-005

CUSTOMER NO: 7760422

REINSTATEMENT

NAME: HIMJR3 LLC

2013 OCT 10 PM 1:44

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

CONTACT PERSON: Susie Knight

OCT 10 2013

EXAMINER'S INITIALS R. HUNT