PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2015 OCT -9 PM 3:22

DOCUMENT # M1000009103

1. Limited Liability Company's Name
DDC ADVOCACY LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
805 15TH STREET	c/o FLEISHMAN-HILLARD INC.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
300	200 NORTH BROADWAY
City & State	City & State
WASHINGTON, D.C.	ST. LOUIS, MO
Zip / Country	Zip / Country
20005 / USA	63102 / USA

4. State/Country of Formation
DELAWARE

5. Date Organized or Qualified To Do Business in Florida 12/19/2014

6. FEI Number
47-1964719
☐ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☑ **$5.00 Additional Fee required for a certificate of status**

500277958925

8. **Name and Address of Current Registered Agent**

Name
CORPORATION SERVICE COMPANY

Street Address (P.O Box Number is Not Acceptable) Suite,
1201 HAYS STREET

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 Asst. Vice President Date 10.09.15
REGISTERED AGENT MUST SIGN

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
	SEE ATTACHED SCHEDULE A		

11. E-mail Address: _____
(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 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 requirement 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member _____ Date 10/8/15 Daytime Phone # _____

Typed or printed name of signing authorized representative/member _____

OCT - 9 2015

SCHEDULE A
DDC ADVOCACY LLC
FLORIDA DEPARTMENT OF STATE, SECRETARY OF STATE
LIMITED LIABILITY COMPANY REINSTATEMENT
Question No. 10.
Names and Street Addesses of Authorized Representatives/Managers

NAME	TITLE	ADDRESS
Dale A. Adams	MGR	437 Madison Avenue, New York, NY, 10022
Bernard McConnon, III	MGR	805 15TH. Street, Suite 300, Washington, D.C., 20005
Louis Januzzi	MGR	
Bernard McConnon, III	CEO/AR	805 15TH. Street, Suite 300, Washington, D.C., 20005
James Gianiny, JR.	PRESIDENT/AR	805 15TH. Street, Suite 300, Washington, D.C., 20005
Fred ROHLFING	EXECUTIVE VICE PRESIDENT/AR	200 North Broadway, St. Louis, MO, 63102
William Winkeler	TREASURER/AR	200 North Broadway, St. Louis, MO, 63102
Kathleen M. Jones	ASSISTANT SECRETARY/AR	437 Madison Avenue, New York, NY, 10022
Jennifer L. Schatzman	ASSISTANT SECRETARY/AR	437 Madison Avenue, New York, NY, 10022

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 826237 7494108

AUTHORIZATION :

COST LIMIT : $ 238.75

ORDER DATE : October 9, 2015

ORDER TIME : 9:08 AM

ORDER NO. : 826237-005

CUSTOMER NO: 7494108

REINSTATEMENT

NAME: DDC ADVOCACY 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

EXAMINER'S INITIALS _____