

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 DEC -8 AM 11:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M 96000000463

1. Limited Liability Company's Name

D&R HERNDON, LLC

REINSTATEMENT

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2. Principal Office Address c/o TRG, 250 W. Main St. Suite, Apt. #, etc. Suite 310 City & State Charlottesville, VA Zip 22901		3. Mailing Office Address c/o TRG, 250 W. Main St. Suite, Apt. #, etc. Suite 310 City & State Charlottesville, VA Zip 22901		4. State/Country of Formation Virginia	
Country United States		Country United States		5. Date Organized or Qualified To Do Business in Florida 21 November 96	
		6. FEI Number 311-38-5492		Applied For Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name CT CORPORATION	400003500814-9
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road	-12/14/00-01012-022 ***150.00 ***150.00
Suite, Apt. #, Etc.	
City Plantation	State FL
	Zip Code 33324

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 *[Signature]* **CHARLES F. SHAMPANG**
ASSISTANT SECRETARY
Date *1-29-00*

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
MGR	Craig T. Redinger	c/o Fulbright & Jaworski, LLP 801 Pennsylvania Ave, N.W. 4th Floor	Washington, DC 20004

11. I certify that I am managing member/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 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.

Signature of Managing Member/Manager *[Signature]* Date *1/20/00* Daytime Phone # (202) 662-4775

Typed or printed name of signing Managing Member/Manager **Craig T. Redinger**

CR2E041 (9/99)