

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 DEC 10 PM 1:49

DOCUMENT # M97000000699

1. Limited Liability Company's Name

Decision Strategies LLC

REINSTATEMENT

2002

500009493265
12/12/02--01106--004 **150.00

2. Principal Office Address

3141 Fairview Park Drive

3. Mailing Office Address

3141 Fairview Park Drive

Suite, Apt. #, etc.

Suite 850

Suite, Apt. # etc.

Suite 850

City & State

Falls Church, VA

City & State

Falls Church, VA

Zip

22042

Country

USA

Zip

22042

Country

USA

4. State/Country of Formation

Delaware

5. Date Organized or Qualified
To Do Business in Florida

10/20/97

6. FEI Number

541865964

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

C T Corporation System

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

1200 South Pine Island Road

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

Patrick A. Nolan

Patrick A. Nolan

Date

12/9/02

REGISTERED AGENT MUST SIGN

Assistant Secretary

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
Manager	Peter Dordal	13515 Ballantyne Corporate Place	Charlotte, NC 28277
Member	Michael J. Hershman	3141 Fairview Park Drive, Suite 850	Falls Church, VA 22042
Member	Bart M. Schwartz	3141 Fairview Park Drive, Suite 850	Falls Church, VA 22042

REINSTATEMENT

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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 it made under oath.

Signature of
Managing Member/Manager

Peter Dordal

Date

10/5/05

Daytime Phone #

(704) 752-4400

Typed or printed name of signing Managing Member/Manager Peter Dordal