

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  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 JUN - 6 PM 12:57

DOCUMENT # M99000000519

1. Limited Liability Company's Name

PAXIS, LLC

2. Principal Office Address

6801 Rockledge Drive

Suite, Apt. #, etc.

City & State -

Bethesda, MD

Zip

20817

Country

US

3. Mailing Office Address

6801 Rockledge Drive

Suite, Apt. #, etc.

City & State

Bethesda, MD

Zip

20817

Country

US

4. State/Country of Formation

Maryland

5. Date Organized or Qualified  
To Do Business in Florida

3/18/99

6. FEI Number

59-3548830

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

Penalty \$100.00

FF 00 50.00 FF \$200.00

01 50.00

200.00

00-01

**REINSTATEMENT**

State Zip Code

FL

32301-2525

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

**BRIAN COURTNEY, ASST. V.P.**

REGISTERED AGENT MUST SIGN

200004384442-0  
-06/11/01 01005-005  
Date \*\*\*\*\*50.00 \*\*\*\*\*50.00

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	200004384442-0 -06/11/01 01005-004 ****150.00 ****150.00
MGR	Galen I. Ho	6801 Rockledge Drive	Bethesda, MD 20817
MGR	Michael J. Gardner	6801 Rockledge Drive	Bethesda, MD 20817
MGR	Douglas H. Martin	6801 Rockledge Drive	Bethesda, MD 20817
MGR	Frank C. Meyer	6801 Rockledge Drive	Bethesda, MD 20817
MGR	Joseph A. Nicosia	6801 Rockledge Drive	Bethesda, MD 20817
MGR	Michael B. Schoultz	6801 Rockledge Drive	Bethesda, MD 20817

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

*Michael B. Schoultz*

Date

5/10/01

Daytime Phone #

607-751-4640

Typed or printed name of signing Managing Member/Manager

*MICHAEL B. SCHOULTZ*

# AKERMAN SENTERFITT

ATTORNEYS AT LAW

50 NORTH LAURA STREET

SUITE 2750

JACKSONVILLE, FLORIDA 32202

PHONE (904) 798-3700 • FAX (904) 798-3730

<http://www.akerman.com>

Laura W. Austin  
Legal Assistant

Direct Line (904) 598-8617  
email: [LAustin@Akerman.com](mailto:LAustin@Akerman.com)

May 16, 2001

## VIA FEDERAL EXPRESS

Division of Corporations  
Registration Section  
409 E. Gaines Street  
Tallahassee, FL 32399

Re: Limited Liability Company Reinstatement for Paxis, LLC

Dear Sir or Madam:

Enclosed for filing is the Limited Liability Company Reinstatement form for the above referenced entity. Also enclosed is a check for the appropriate filing fee.

Thank you for your immediate attention in the filing of this report(s).

Sincerely,



Laura W. Austin  
Legal Assistant

Enclosure(s)