PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROV.
FILED
02 JUN 19 PM 12:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT
2000 - 2002

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

03-29-02 90598 039 $55.00

DOCUMENT # M99000001652

1. Limited Liability Company's Name

Omni-Cube LLC

2. Principal Office Address	3. Mailing Office Address
45665 Willow Pond Plaza	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sterling, VA.	City & State: Same
Zip: 20164 Country: U.S.A.	Zip: Same Country:

4. State/Country of Formation: Virginia USA

5. Date Organized or Qualified To Do Business in Florida: October 1, 1999

6. FEI Number: 54-1767127 ☐ 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:

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-06/19/02--01038--005
****195.00 ****195.00

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06/19/02--01038--006
****5.00 ****5.00

CR2E041 (9/01)

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: Mary Wiener
REGISTERED AGENT MUST SIGN

Date: 5/8/02

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
member	Juan Mencia	45665 Willow Pond Plaza	Sterling, VA 20164
member	Jerry Hines	45665 Willow Pond Plaza	Sterling, VA. 20164
member	Lilien Patterson	14840 Conference Center Dr.	Chantilly, VA. 20151
member	Terry Wesselman	14840 Conference Center Dr.	Chantilly, VA. 20151
	REINSTATEMENT		2000 - 2002

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: X Jerry T. Hines Date: 5/10/02 Daytime Phone #: 703-481-9101

Typed or printed name of signing Managing Member/Manager: Jerry T. Hines