JAN-11-02 04:31PM FROM-Akerman & Senterfitt 9544632224 T-585 P.002/002 F-671

FILED
02 JAN 18 AM 9:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

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

REINSTATEMENT 01-02

DOCUMENT # P00000024110

1. Corporation Name
O'MEARA CAPITAL PARTNERS, INC.

2. Principal Office Address
15 N. KING STREET
Suite, Apt. #, etc.
City & State
LEESBURG, VA
Zip 20176 Country USA

3. Mailing Office Address
15 N. KING STREET
Suite, Apt. #, etc.
City & State
LEESBURG, VA
Zip 20176 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 3/08/00

5. FEI Number 651029845 Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent
Name AMERICAN INFORMATION SERVICES, INC.
Street Address (P.O. Box Number is Not Acceptable) ONE S.E. THIRD AVENUE
Suite, Apt. #, Etc. 28th FLOOR
City MIAMI, State FL Zip Code 33131

800004880298
02/05/02
****900.00 ****900.00
R1D447-13

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.
Signature of Registered Agent By [signature] American Information Services, Inc. Angelica M. Calabrese, Assistant Secretary Date 1/16/02
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CEO	PATRICK O'MEARA	47694 COWELAND TERR.	STERLING, VA 20165
PRES	FRANK FERGUSON	21021 STARFLOWER WAY	ASHBURN, VA 20147
V.P.	PENNY EDWARDS	236 LOUDOUN ST S.W.	LEESBURG, VA 20175
V.P.	BRIAN RUBINO	20972 ROOTSTOWN TERR	ASHBURN, VA 20147
DIR	JACK WHELAN	2440 WOODLAND DR.	INDIANAPOLIS, IN 46278
DIR	DOMINIC PARLAPIANO	10700 N. KENDALL DR #400	MIAMI, FL 33176

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: [signature] 1/15/02 (703) 669-4300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Patrick O'Meara Date Daytime Phone #

CR2E081 (8/01)