06/09/2005 14:50 8508785926 CT CORPORATION SYSTM

06/08/2005 17:28 FAX 301 945 4301 BRESLER & REINER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 06-05

DOCUMENT # P03000067615

1. Corporation Name
V.P. MANAGER, INC.

2. Principal Office Address	3. Mailing Office Address
11140 Rockville Pike	11140 Rockville Pike
Suite, Apt. #, etc. Suite 620	Suite, Apt. #, etc. Suite 620
City & State Rockville, MD	City & State Rockville, MD
Zip 20852 Country USA	Zip 20852 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 6-18-03

5. FEI Number 05-0573614 ☐ 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: CT 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

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: Connie Bryan Special Asst. Secretary
REGISTERED AGENT MUST SIGN Date 6/9/05

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
D,C	Charles S. Bresler	11140 Rockville Pike, Suite 620	Rockville, MD 20852
D,CEO	Sidney M. Bresler	11140 Rockville Pike, Suite 620	Rockville, MD 20852
D	Debbi Bowers Angerman	27140 Gum Spring Road	Chantilly, VA 20152
S	Jean S. Cafardi	11140 Rockville Pike, Suite 620	Rockville, MD 20852
T	Darryl M. Edelstein	11140 Rockville Pike, Suite 620	Rockville, MD 20852

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: Darryl Edelstein 6-8-04 301-945-4300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Florida Department of State
Division of Corporations
Public Access System

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Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5926

CORPORATION REINSTATEMENT

V.P. MANAGER, INC.

Certificate of Status	1
Certified Copy	0
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