

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P10341

1. Corporation Name

SPEYHAWK NAPLES, INC.

Principal Place of Business

Mailing Address

1221 Connecticut Ave., NW
Suite 300
Washington, DC 20036

SAME

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
1629 K Street, NW

3. New Mailing Address, If Applicable
1629 K Street, NW

Suite, Apt. #, etc.
Suite 1200

Suite, Apt. #, etc.
Suite 1200

City & State
Washington, DC

City & State
Washington, DC

Zip
20006

Country
USA

Zip
20006

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

March 3, 1987

5. FEIN Number

22-2705800

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

2022 Articles & Fees required
for Certificate of Status

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

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
D,P,T	F. Davis Camalier	2848 McGill Terrace, NW	Washington, DC 20008
VP,S	Lynda H. Camalier	2848 McGill Terrace, NW	Washington, DC 20008
D	Trevor Osborne	92 New Cavendish St.	London ENGLAND W1M 7FA

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CT Corporation System
c/o CT Corporation System
8751 West Broward Blvd.
Plantation, FL 33324

Name
CT Corporation System
Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Rd.

Suite, Apt. #, Etc.

City
Plantation

State
FL

Zip Code
33324

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0503, F.S.

Signature of
Registered Agent

Kevin J. Gallacher

Date Dec. 30, 1997

Kevin J. Gallacher, Assistant Vice President

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I do
certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided in Chapter 607 or 617, F.S. I further certify that when this
is a reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all
taxes owed by the corporation have been paid. This information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made
under oath.

SIGNATURE:

F. Davis Camalier

F. Davis Camalier 12/26/97 202-466-4000

FILED

97 DEC 31 PM 12:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100002391631-4

-01/06/98-01095-001

***1080.00 ***1080.00

REINSTATEMENT 95970

100002391631-4

-01/06/98-01095-002

*****0.75 *****0.75

CR-0006 (1/95)