PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 APR 20 PM 12:13

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P10341

1. Corporation Name

Speyhawk Naples, Inc. REINSTATEMENT

01-07

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1629 K Street, N.W.	1629 K Street, N.W.
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 UDA

4. Date Incorporated or Qualified To Do Business in Florida: 06/06/1986

5. FEI Number: 222705800 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $6.75 Additional Fee required for Certificate of Status

7. Name and Address of Current Registered Agent

Name: NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable): 2731 Executive Park Drive,

Suite, Apt. #, Etc.: Suite 4

City: Weston State: FL Zip Code: 33331

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: [signature] Date: 4-19-07

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DPT	F. Davis Camalier	2848 McGill Terrace N.W.	Washington, DC 20008
VPS	Lynda H. Camalier	2848 McGill Terrace N.W.	Washington, DC 20008
D	Trevor Osborne	6 Upper Wimpole Street	Marylebone LN w1-m7id

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 contained in Chapter 119, 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] 4.10.07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

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

From:
Account Name : TRIAD PROFESSIONAL SERVICES, LLC
Account Number : I20020000094
Phone : (770)777-2091
Fax Number : (770)220-1943

See box V attached - did not receive report notices for 2001 - 2007. Please waive $600.00 fee.

CORPORATION REINSTATEMENT

SPEYHAWK NAPLES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$1,650.00

$1,650.00
− 600.00
$1,050.00

Electronic Filing Menu Corporate Filing Menu Help