

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
Aug 13, 2001 8:00 A.M.
Secretary of State

DOCUMENT #

1. Corporation Name

The Hunter Group, Inc.

100004537101--S
-03/16/01--01011--014
***1500.00 ***1500.00

2. Principal Office Address 1200 S. Pine Island Road		3. Mailing Office Address Same as item # 2 herein	
Suite, Apt. #, etc. Suite 1600		Suite, Apt. #, etc.	
City & State Plantation, Florida		City & State	
Zip 33324	Country Broward	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida November 6, 1990	
5. FEI Number 5212883112	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 S. Pine Island Road	
Suite, Apt. #, Etc. Suite 1600	
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.

By: **Judith B. Argao, Asst. Secy.**

Signature of
Registered Agent

J. Argao

REGISTERED AGENT MUST SIGN

Date: **8/10/01**

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
	Please see attached list		

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:

Edward Braniff

Edward Braniff

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5-21-01 301-951-4299

Daytime Phone #

Names and Addresses of Officers

Michael Harrison, President & Director
7475 Wisconsin Avenue
Suite 1050
Bethesda, MD 20814

Michael Hosie, Vice President, Treasurer and Secretary & Director
7475 Wisconsin Avenue
Suite 1050
Bethesda, MD 20814

Thomas Rump, Vice President and Assistant Secretary
7475 Wisconsin Avenue
Suite 1050
Bethesda, MD 20814

Edward Braniff, Vice President, Chief Financial Officer and General Counsel
7475 Wisconsin Avenue
Suite 1050
Bethesda, MD 20814

Jerry Higginbotham, Assistant General Counsel
7475 Wisconsin Avenue
Suite 1050
Bethesda, MD 20814

CT CORPORATION SYSTEM

CORPORATION(S) NAME

The Hunter Group, Inc.

The Hunter Group, Inc. Changing Name to: Cedar Enterprise Solutions, Inc.

<input type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit		
<input type="checkbox"/> Foreign	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
	<input checked="" type="checkbox"/> Reinstatement	
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	<input type="checkbox"/> Change of RA
	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> UCC
<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input type="checkbox"/> CUS
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	<input type="checkbox"/> After 4:30
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
<input type="checkbox"/> Mail Out		

Name 8/13/01 Order#: 4631065
Availability _____
Document
Examiner _____ Ref#: _____
Updater _____
Verifier _____
W.P. Verifier _____ Amount: \$ _____

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

DIVISION OF CORPORATION

01 AUG 13 AM 11:11

RECEIVED

FILE FIRST