MAR-15-2005 15:07

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P39787

1. Corporation Name
SmithGroup Mid-Atlantic Inc.

REINSTATEMENT 01-05

2. Principal Office Address	3. Mailing Office Address
1825 Eye St NW	1825 Eye St NW
Suite, Apt. #, etc. Suite 250	Suite, Apt. #, etc. Suite 250
City & State Washington DC	City & State Washington DC
Zip 20006 Country U.S.A.	Zip 20006 Country USA

4. Date Incorporated or Qualified To Do Business In Florida 7/21/92

5. FEI Number 38-1045640 Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐

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 617.0505, F.S.

Signature of Registered Agent: Claudia L. Saan — REGISTERED AGENT MUST SIGN — Claudia L. Saan Asst. Secretary — Date: 3/15/05

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
President	Hal Davis	1825 Eye St NW #250	Washington DC 20006
Secty	Mark Mayer	"	"
Treasury	Phil Tobey	"	"

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] 3/15/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

[illegible]

Florida Department of State

Division of Corporations

Public Access System

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CORPORATION REINSTATEMENT

SMITHGROUP MIDATLANTIC, INC.

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