

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED  
&  
AND  
FILED

05 MAY 25 AM 9:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #**

1. Corporation Name  
P27834  
Oehme van Sweden & Associates, Inc

2. Principal Office Address 800 G Street Suite, Apt. #, etc.		3. Mailing Office Address Suite, Apt. #, etc.	
City & State Washington, DC		City & State	
Zip 20003	Country	Zip	Country

**REINSTATEMENT**

@  
02-05

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number 52-1101783	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" 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 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: Stacy M. Rosenthal  
*Stacy M. Rosenthal*  
 Vice President and Assistant Secretary

Date: 5/20/2005

REGISTERED AGENT MUST SIGN

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
Preside	James A. van Sweden	2813 N. Street NW	Washington, DC 20007
Vice-Pi	Charles E. Turner	800 G Street SE	Washington, DC 20003
Treasur	Wolfgang Oehme	511-A West Joppa Road	Baltimore, MD 21204

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: Charles E. Turner  
*Charles E. Turner*  
 CHARLES E. TURNER, EXEC. V. P.

Date: 5.20.05  
 05-20-05 01058 001 \*\*1200.75

Daytime Phone #: 202 546 7675

CR2E081 (01/05)