

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>2960000 87584</u>			
1. Corporation Name RED PEAT, INC.			
2. Principal Office Address 105 GERMAN HILL ROAD Suite, Apt. #, etc.		3. Mailing Office Address (SAME) Suite, Apt. #, etc.	
City & State BALTIMORE, MARYLAND		City & State	
Zip 21222	Country USA	Zip	Country

FILED

01 SEP 20 AM 8:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 9701

4. Date Incorporated or Qualified To Do Business in Florida 10/23/96	
5. FEI Number 52-2021802	Applied For 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 CORPORATION SERVICE COMPANY	
Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET	
Suite, Apt. #, Etc. TALLAHASSEE	
City TALLAHASSEE	State FL
Zip Code 32301	

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: BRIAN COURTNEY, ASST. V.P. Date 09/20/2001

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
PRES	PATRICIA-SIANO	105 GERMAN HILL RD	BALTO, MD 21222

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: Patricia A Siano Date 9-15-01 Daytime Phone # 410 288 5830

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR