

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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03 MAR 10 PM 12:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L00000001348**

1. Limited Liability Company's Name
Swirnow Trust Investments, LLC

2001-2003

2. Principal Office Address
4000 Hollywood Blvd.
Suite, Apt. #, etc. **265S**
City & State **Hollywood, FL**
Zip **33021** Country **USA**

3. Mailing Office Address
Same
Suite, Apt. #, etc.
City & State
Zip Country

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida **2/7/00**

6. FEI Number **65-1000325** Applied For Not Applicable

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name **Jerald C. Cantor**

Street Address (P.O. Box Number is Not Acceptable)
4000 Hollywood Blvd.

Suite, Apt. #, Etc. **265S**

City **Hollywood** State **FL** Zip Code **33021**

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9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent *[Signature]* Date **3/3/03**

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
V.P.	T. Stuart Hettleman	112 East 25th St.	Baltimore, MD 21218
Pres.	Richard A. Swirnow	112 East 25th St.	Baltimore, MD 21218
V.P. & Asst.	Franklin C. Wise	112 East 25th St.	Baltimore, MD 21218
Sec.	Victoria J. Tyler	112 East 25th St.	Baltimore, MD 21218

REINSTATEMENT 2001-2003
BR

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager *[Signature]* Date **3/3/03** Daytime Phone# **410-338-0800**

Typed or printed name of signing Managing Member/Manager **STUART HETTLEMAN**

CR2E041 (10/02)