

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



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

REINSTATEMENT
FILED

2001

01 OCT 26 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

M-340

1. Limited Liability Company's Name

WBCM, LLC

2. Principal Office Address

849 FAIRMOUNT AVE.

Suite, Apt. #, etc.

SUITE 100

City & State

BALTIMORE MD

Zip

21286

Country

BALTIMORE

3. Mailing Office Address

849 Fairmont Ave

Suite, Apt. #, etc.

Suite 100

City & State

BALTIMORE, MD

Zip

21286

Country

Baltimore

4. State/Country of Formation

MARYLAND

5. Date Organized or Qualified
To Do Business in Florida

SEPT 14 1998

6. FEI Number

52-2144872

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$300 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

CT CORP

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

CT CORP SYSTEM

Suite, Apt. #, Etc.

City

PLANTATION

State
FL

Zip Code

33324

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

Bonnie C. Schuma

REGISTERED AGENT MUST SIGN

Date

10/22/01

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
MANAGING PARTNER	DAVID G. MORGAN	849 FAIRMOUNT AVE	BALTIMORE MD 21286
MEMBER	THOMAS N. WOOLFOLK	849 FAIRMOUNT AVE	BALTIMORE MD 21286
MEMBER	W. HOWARD GARRETT JR.	849 FAIRMOUNT AVE	BALTIMORE MD 21286

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

David G. Morgan

Date

10/15/01

Daytime Phone #

410 512 4500

Typed or printed name of signing Managing Member/Manager

DAVID G. MORGAN

CR2E041 (9/01)