

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2007 APR 30 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M96000000130

1. Limited Liability Company's Name

SHELTER PROPERTIES, LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box # 218 N. CHARLES ST.		3. Mailing Office Address 218 N. CHARLES ST.	
Suite, Apt. #, etc. SUITE 220		Suite, Apt. #, etc. SUITE 220	
City & State BALTIMORE, MD		City & State BALTIMORE, MD	
Zip 21201	Country USA	Zip 21201	Country USA

4. State/Country of Formation MD	
5. Date Organized or Qualified To Do Business in Florida 04/18/96	
6. FEI Number 52-1950867	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. 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 / Zip Code FL 33324

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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: **04/23/07**

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
MGRM	MARILYNN K. DUKER	218 N. CHARLES ST, SUITE 220	BALTIMORE, MD 21201
MGRM	ARNOLD I. RICHMAN	218 N. CHARLES ST, SUITE 220	BALTIMORE, MD 21201
			100102525901 05/15/07--01038--022 **405.0
			REINSTATEMENT 02-07

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: **4/23/07** Daytime Phone # **410-962-0595**

Typed or printed name of signing Managing Member/Manager: **MARILYNN K. DUKER**