

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

15 MAY 22 AM 8:46  
SECRETARY OF STATE  
TALLAHASSEE

**DOCUMENT #** F01000006090

1. Corporation Name

CAPITAL FUNDING GROUP OF MARYLAND, INC.

2. Principal Office Address - No P.O. Box #

1422A CLARKVIEW ROAD

Suite, Apt. #, etc.

City & State

BALTIMORE, MD

Zip

21209

Country

USA

3. Mailing Office Address

1422A CLARKVIEW ROAD

Suite, Apt. #, etc.

City & State

BALTIMORE, MD

Zip

21209

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

11/27/2001

5. FEI Number

52-1815281

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

TRAC - THE REGISTERED AGENT COMPANY

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

236 E. 6TH AVENUE

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32303

800273247168  
05/22/15--01033--021 \*\*1950.00

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

*Musselwhite*

REGISTERED AGENT MUST SIGN

Date 5/14/2015

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
DIR.	JOHN W. DWYER	1422A CLARKVIEW ROAD	BALTIMORE, MD 21209
PRES.	JOHN W. DWYER	1422A CLARKVIEW ROAD	BALTIMORE, MD 21209
VP	DEBORAH A. SPANGENBERG	1422A CLARKVIEW ROAD	BALTIMORE, MD 21209
TREAS.	KEVIN KIRBY	1422A CLARKVIEW ROAD	BALTIMORE, MD 21209
COO	DANIEL BAIRD	1422A CLARKVIEW ROAD	BALTIMORE, MD 21209

**REINSTATEMENT**

MAY 22 2015

10. E-mail Address: trac@tracagents.com

(To be used for future annual report notification)

R. HUNT

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

*Kevin Kirby*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KEVIN KIRBY, CFO

5/14/2015

Date

Daytime Phone

410-342-3155