

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

16 MAR 24 PM 2:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F03000005888**

1. Corporation Name

First Mariner Bank

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

3301 Boston Street

Suite, Apt. #, etc.

City & State

Baltimore, MD

Zip

21224

Country

Baltimore City

3. Mailing Office Address

3301 Boston Street

Suite, Apt. #, etc.

City & State

Baltimore, MD

Zip

21224

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

06/05/1995

5. FEI Number

52-0323080

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

Corporation Service Company (CSC)

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

400283764384

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

Maureen Cathell

Maureen Cathell, Asst VP

Date 03/24/2016

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
	Jack Stell, CEO	3301 Boston Street	Baltimore, MD 21224
	Robert Kunisch, COO	3301 Boston Street	Baltimore, MD 21224
	Joseph Howard, General Counsel	3301 Boston Street	Baltimore, MD 21224

2008-2016
REINSTATEMENT

10. E-mail Address: kmadigan@1stmarinerbank.com

(To be used for future annual report notification)

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:

Joseph J. G...

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/16

443-573-2664

Daytime Phone

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 070964 7524215
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 1,950.00

ORDER DATE : March 21, 2016

ORDER TIME : 12:48 PM

ORDER NO. : 070964-005

CUSTOMER NO: 7524215

REINSTATEMENT

NAME: FIRST MARINER BANK

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender - 62956

EXAMINER'S INITIALS _____

RECEIVED
MAR 24 PM 1:59
SUFFICIENT FOR FILING