

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

02 MAR 28 PM 12:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000005439

1. Corporation Name

LM FINANCIAL PARTNERS, INC.

Principal Place of Business

100 LIGHT ST
BALTIMORE MD 21202
US

Mailing Address

100 LIGHT ST, 30th FLOOR
BALTIMORE MD 21202
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

30th Flr - Finance

Suite, Apt. #, etc.

30th Flr - Finance

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/19/1994

5. FEI Number

52-1794977

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City, State, Zip
D	BRAB, W W	6703 FOXWORTH RD.	PROSPECT KY
CD	LOWMAN JR., HORACE M	924 HIGH STEPPER TRAIL	SYKESVILLE MD
T T	STROHECKER, L KAY Charles J. Daley, Jr.	125 FORT HOYLE RD. 100 Light St	JOPPA MD Baltimore, MD 21202
Sr VP Sr VP	MCSHEA, GREGORY B Robert Bosserman	100 LIGHT ST	BALTIMORE MD 21202 Baltimore, MD 21202
D	BACIGALUPO, CHARLES A	1905 WESTELLEN ROAD	BALTIMORE MD
D	BRINKLEY, JAMES W	311 MEADOWCROFT LANE	BALTIMORE MD

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C.T. CORPORATION SYSTEM

1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

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

Suite, Apt. #, Etc.

City

000005194240-7

-04/05/02-01015-024

*****8.75 *****8.75

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Katherine Harris
REGISTERED AGENT MUST SIGN

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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR02040 (8/01)

CT CORPORATION

CORPORATION(S) NAME

LM Financial Partners, Inc.

<input type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit		
<input type="checkbox"/> Foreign	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
	<input checked="" type="checkbox"/> Reinstatement	
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	<input type="checkbox"/> Change of RA
	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> UCC
<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input checked="" type="checkbox"/> CUS
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	<input type="checkbox"/> After 4:30
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
<input type="checkbox"/> Mail Out		

RECEIVED
 02 MAR 28 PM 12:21
 DEPT. OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FL 32301

Name _____
 Availability _____
 Document _____
 Examiner _____
 Updater _____
 Verifier _____
 W.P. Verifier _____

3/28/02

Order#: 5234292

Ref#: _____

kf

Amount: \$ _____

660 East Jefferson Street
 Tallahassee, FL 32301
 Tel. 850 222 1092
 Fax 850 222 7615