

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

L00000001348

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR 10 PM 12:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000001348

1. Limited Liability Company's Name

Swirnow Trust Investments, LLC

2001-2003

2. Principal Office Address

4000 Hollywood Blvd.

Suite, Apt. #, etc.
265S

City & State
Hollywood, FL

Zip Country
33021 USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip Country

4. State/Country of Formation

Florida

**5. Date Organized or Qualified
To Do Business in Florida**

2/7/00

6. FEI Number

65-1000325

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Jerald C. Cantor

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

4000 Hollywood Blvd.

Suite, Apt. #, Etc.

265S

City

Hollywood

State

FL

Zip Code

33021

100013726391

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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]
REGISTERED AGENT MUST SIGN

Date 3/3/03

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
V.P.	T. Stuart Hettleman	112 East 25th St.	Baltimore, MD 21218
Pres.	Richard A. Swirnow	112 East 25th St.	Baltimore, MD 21218
V.P.	Asst. Franklin C. Wise	112 East 25th St.	Baltimore, MD 21218
Sec.	Victoria J. Tyler	112 East 25th St.	Baltimore, MD 21218

REINSTATEMENT 2001-2003
BR

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]
Stuart Hettleman

Date 3/3/03

Daytime Phone# 410-338-0800

Typed or printed name of signing Managing Member/Manager

CR2E041 (10/02)