

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000008112

1. Limited Liability Company's Name

Florida Mutual Assurance Trust, LLC

300160133413
09/17/09--01031--015 **138.75

300160133413
08/31/09--01055--007 **660.00
CR2E041 (10/08)

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

3902 Greenway

3. Mailing Office Address

3902 Greenway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Baltimore, MD

City & State

Baltimore, MD

Zip

21218

Country

U.S.

Zip

21218

Country

U.S.

4. State/Country of Formation

Florida, U.S.

5. Date Organized or Qualified
To Do Business in Florida

Jan. 29, 2004

6. FEI Number
54-2142573

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

Squire, Sanders & Dempsey L.L.P. c/o Alvin B. Davis

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

200 South Biscayne Boulevard

Suite, Apt. #, Etc.
4100

City

Miami, FL

State

FL

Zip Code

33131

☐ 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

Squire, Sanders & Dempsey
REGISTERED AGENT MUST SIGN

Date

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	Charles C. Edwards	3902 Greenway	Baltimore, MD 21218

REINSTATEMENT 05-09

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FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 608.26, 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

Charles C. Edwards

Date

9-19-09

Daytime Phone #

410 366 2299

Typed or printed name of signing Managing Member/Manager

Charles C. Edwards