

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 APR 23 PM 1:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900123951189
04/18/08--01004--010 **416.28

CR2E041 (12/07)

DOCUMENT # L05000095637

1. Limited Liability Company's Name

SWIRNOW CIC MANAGEMENT COMPANY LLC

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

500 HARBORVIEW DRIVE

Suite, Apt. #, etc.

3RD FLOOR

City & State

BALTIMORE, MD

Zip

21230

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FLORIDA

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

9/29/05

6. FEI Number

20-3622473

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, ESQUIRE

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

PHILLIPS, EISINGER & BROWN, PA

Suite, Apt. #, Etc.

4000 HOLLYWOOD BLVD., SUITE 265S

City

HOLLYWOOD,

State

FL

Zip Code

33021

☒ 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

J. Cantor

REGISTERED AGENT MUST SIGN

Date **3/7/08**

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
MGR	STUART HETTMAN	500 HARBORVIEW DRIVE	BALTIMORE, MD 21230
MGR	ANDREW FREEMAN	500 HARBORVIEW DRIVE	BALTIMORE, MD 21230

REINSTATEMENT **06-08**

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

S. Hettman

Date

4/8/08

Daytime Phone # **410-230-0300**

Typed or printed name of signing Managing Member/Manager **STUART HETTMAN**