

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

1. DOCUMENT # L99000006896

Name and Mailing Address

0015672 01 MB 0.309 **AUTO T8 0 0615 21401-131014

114 ANNAPOLIS ST.
ANNAPOLIS MD 21401-1310

2004 MAR 25 P 3: 31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA 32301-2525
01/06/04--01007--001 **150.00



2. New Mailing Address

City, State, Zip

4. State/Country of Formation
FL

5. Date Organized or Qualified
To Do Business in Florida 10/19/1999

Principal Place of Business
114 ANNAPOLIS ST.
ANNAPOLIS MD

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number
58-2502472

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. I, being appointed the registered agent of the above named limited liability company, accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Cynthia L. Harris
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 3/17/04

11. Names and Street Addresses of Each Managing Member/Manager

| Title(s) | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager | City / State / Zip |
|----------|--------------------------------------|---|--------------------|
| MGR | BURRUSS, WILLIAM F JR. | 114 ANNAPOLIS ST. | ANNAPOLIS MD |
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REINSTATEMENT 03.04
dec

12. 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 REQUIRED

Date 12/20/03 Daytime Phone # 301-733-7200

Typed or printed name of signing Managing Member/Manager

Jim Crumpino