


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 OCT 21 AM 10:20

DOCUMENT #

1. Limited Liability Company's Name
MMA Financial, LLC

MD30000002294

300061299253
11/09/05--01050--005 **150.00

qfs

CR2E041 (8/05)

2. Principal Office Address 621 East Pratt Street Suite, Apt. #, etc. 300 City & State Baltimore, MD Zip 21202		3. Mailing Office Address 621 East Pratt Street Suite, Apt. #, etc. 300 City & State Baltimore, MD Zip 21202		4. State/Country of Formation Maryland	
Country USA		Country USA		5. Date Organized or Qualified To Do Business in Florida	
				6. FEI Number 52-2195457	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status					

8. Name and Address of Current Registered Agent		
Name CT Corporation System		
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road		
Suite, Apt. #, Etc.		
City Plantation,	State FL	Zip Code 33324

REINSTATEMENT 2005

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

Date

REGISTERED AGENT MUST SIGN

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
p	Michael Falcone	621 East Pratt Street, Suite 300	Baltimore, MD 21202
EVP	William Harrison	621 East Pratt Street, Suite 300	Baltimore, MD 21202
Tre	Sheila Gibson	621 East Pratt Street, Suite 300	Baltimore, MD 21202
SVP	Melanie Lundquist	621 East Pratt Street, Suite 300	Baltimore, MD 21202
SVP	Christopher Levey	621 East Pratt Street, Suite 300	Baltimore, MD 21202
Ast Sec	Brian Sims	621 East Pratt Street, Suite 300	Baltimore, MD 21202

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

Date

10/3/05

Daytime Phone # (443) 263-2961

Typed or printed name of signing Managing Member/Manager Brian Sims