


## 2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JAN 11 AM 10:53

REINSTATEMENT 04-05

<b>DOCUMENT # M03000002497</b> 1. Entity Name THI OF BALTIMORE MANAGEMENT, LLC	
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Principal Place of Business 4660 TRINDLE ROAD, SUITE 103 CAMP HILL, PA 17011	Mailing Address 4660 TRINDLE ROAD, SUITE 103 CAMP HILL, PA 17011
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2. Principal Place of Business 930 Ridgebrook Rd Suite, Apt. #, etc.	3. Mailing Address 930 Ridgebrook Rd Suite, Apt. #, etc.
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12032004 REIN-LLC CR2E101 (6/04)

City & State Sparks, MD	City & State Sparks, MD	4. FEI Number 20-0087513	Applied For Not Applicable
Zip 21152	Country USA	Zip 21152	Country USA

5. Certificate of Status Desired  \$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**

NRAI SERVICES, INC.  
 526 E. PARK AVENUE  
 TALLHASSEE, FL 32301

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City **FL** Zip Code \_\_\_\_\_

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Michal Roman DATE 12-30-04

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!! FEE IS \$150.00**  
 After January 1, 2005, Fee will be \$200.00

Make check payable to  
 Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE MGR NAME MISITANO, ANTHONY F STREET ADDRESS 4660 TRINDLE ROAD, SUITE 103 CITY-ST-ZIP CAMP HILL, PA 17011	<input checked="" type="checkbox"/> Delete
TITLE MGR NAME MACLEAN, LISA STREET ADDRESS 4660 TRINDLE ROAD, SUITE 103 CITY-ST-ZIP CAMP HILL, PA 17011	<input checked="" type="checkbox"/> Delete
TITLE MGR NAME BARNHILL, JEFFREY A STREET ADDRESS 4660 TRINDLE ROAD, SUITE 103 CITY-ST-ZIP CAMP HILL, PA 17011	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE MGR NAME W. Bradley Bennett STREET ADDRESS 930 Ridgebrook Rd CITY-ST-ZIP Sparks, MD 21152	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE MGR NAME MELISSA WARLOW STREET ADDRESS 930 Ridgebrook Rd CITY-ST-ZIP Sparks, MD 21152	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE MGR NAME Ronald Lord STREET ADDRESS 930 Ridgebrook Rd CITY-ST-ZIP Sparks, MD 21152	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Melissa Warlow DATE 1-5-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #