

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JUL 12 PM 4:20

DOCUMENT # M04000000273

1. Limited Liability Company's Name

United Equity, LLC

000106267860
07/17/07--01030--001 **100.00

CR2E041 (1/07)

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

1 West Pennsylvania Ave

Suite, Apt. #, etc.

300

City & State

Towson, MD

Zip

21204

Country

USA

3. Mailing Office Address

300 East Lombard St

Suite, Apt. #, etc.

7th FL

City & State

Baltimore, MD

Zip

21202

Country

USA

4. State/Country of Formation

Maryland

5. Date Organized or Qualified
To Do Business in Florida

1/21/04

6. FEI Number

01-0740460

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

CT Corporation System

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

1200 South Pine Island Rd

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

☒ 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

Barbara A. Burke

Special Assistant Secretary

Date

5/29/07

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
MGRM	Julie Martin	1 West Pennsylvania Ave, #300 Towson, MD 21204	
MGRM	Robert Evans	1 West Pennsylvania Ave, #300 Towson, MD 21204	

REINSTATEMENT 2006-07

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

Julie Martin

Date

6/25/07

Daytime Phone #

800/823-4095

Typed or printed name of signing Managing Member/Manager

Julie Martin