

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # M06000004950

1. Entity Name  
HABITAT AMERICA, LLC



Principal Place of Business  
175 ADMIRAL COCHRANE DRIVE, SUITE 202  
ANNAPOLIS, MD 21401

Mailing Address  
175 ADMIRAL COCHRANE DRIVE, SUITE 202  
ANNAPOLIS, MD 21401

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10232008 REIN-LLC CR2E101 (1/07)

4. FEI Number  
52-1851030

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM --  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

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.

*Mark Brianna*  
Vice President and Assistant Secretary

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

11/14/08

**FILE NOW!!! FEE IS \$238.75**  
**After January 1, 2009, Fee will be \$377.50**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGRM  
MURPHY, CATHERINE J  
175 ADMIRAL COCHRANE DRIVE, SUITE 202  
ANNAPOLIS, MD 21401

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

300137475075  
10/30/08--01020--010 \*\*238.75

☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP

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☐ Change ☐ Addition

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☐ Change ☐ Addition

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REINSTATEMENT 2008

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☐ Change ☐ Addition

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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

10/23/08 443-716-2551