

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRET  
FILED  
DIVISION OF CORPORATIONS  
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LIMITED LIABILITY  
COMPANY  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # M09000001552

1. Limited Liability Company's Name

Management & Financial Services Group, LLC

600210932366  
08/11/11--01002--001 \*\*407.50  
CRZE041 (1/11)

2. Principal Office Address - No P.O. Box # 911-A Commerce Road		3. Mailing Office Address 911-A Commerce Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Annapolis, MD		City & State Annapolis, MD	
Zip 21401	Country USA	Zip 21401	Country USA

4. State/Country of Formation Maryland	
5. Date Organized or Qualified To Do Business in Florida 04/27/2009	
6. FEI Number 522215040	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 NRAI Services, Inc.		
Street Address (P.O. Box Number is Not Acceptable) 515 East Park Avenue		
Suite, Apt. #, Etc.		
City Tallahassee	State FL	Zip Code 32301

E-mail Address:

edward.donahue@mfsqllc.com  
(To be used for future annual report notices)

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 Jelle Chrus  
REGISTERED AGENT MUST SIGN

Date 8/2/11

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
Pres.	Edward J. Donahue	911-A Commerce Road	Annapolis, MD 21401
V. Pres	Elizabeth Behler	911-A Commerce Road	Annapolis, MD 21405
Secretary	Sara Hyder	911-A Commerce Road	Annapolis, MD 21401

REINSTATEMENT 2010-2011

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing  
Member/Manager Edward J. Donahue Date 8/5/11 Daytime Phone # 410.266.9101  
Typed or printed name of signing Managing Member/Manager Edward J. Donahue