PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M10000002522

1. Limited Liability Company's Name
MMA Realty Capital, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
621 East Pratt Street	621 East Pratt Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite 600	Suite 600
City & State	City & State
Baltimore, MD	Baltimore, MD
Zip / Country	Zip / Country
21202	21202

4. State/Country of Formation
Maryland

5. Date Organized or Qualified To Do Business in Florida
04/08/2005

6. FEI Number
20-4702162
☐ 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 Road

Suite, Apt. #, Etc.

City	State	Zip Code
Plantation	FL	33324

9. I being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent _____ Date 10/09/14
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	MMA Financial Holdings, Inc	621 East Pratt St. Ste. 600	Baltimore, MD 21202

REINSTATEMENT
OCT 09 2014
R. HUNT

11. E-mail Address: BROOKS.MARTIN@MMACAPITALMANAGEMENT.COM
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 605.0012, 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager _____ Date 10/9/2014 Daytime Phone # 443-263-2971

Typed or printed name of signing Authorized Representative/Manager J. Brooks Martin

Florida Department of State

Division of Corporations

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LIMITED LIABILITY REINSTATEMENT
MMA REALTY CAPITAL, LLC

Certificate of Status	0
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OCT 09 2014

R. HUNT