

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2007 APR 30 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M96000000130

1. Limited Liability Company's Name

SHELTER PROPERTIES, LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #
218 N. CHARLES ST.

3. Mailing Office Address
218 N. CHARLES ST.

Suite, Apt. #, etc.
SUITE 220

Suite, Apt. #, etc.
SUITE 220

City & State
BALTIMORE, MD

City & State
BALTIMORE, MD

Zip
21201

Country
USA

Zip
21201

Country
USA

4. State/Country of Formation

MD

5. Date Organized or Qualified To Do Business in Florida
04/18/96

6. FEI Number
52-1950867

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
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

[Signature]

Date

04/23/07

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	MARILYNN K. DUKER	218 N. CHARLES ST, SUITE 220	BALTIMORE, MD 21201
MGRM	ARNOLD I. RICHMAN	218 N. CHARLES ST, SUITE 220	BALTIMORE, MD 21201

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REINSTATEMENT 02-07

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

[Signature]

Date

4/23/07

Daytime Phone #

410-962-0595

Typed or printed name of signing Managing Member/Manager

MARILYNN K. DUKER