


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FILED
04 DEC -6 PM 4:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Limited Liability Company's Name
Municipal Mortgage & Equity, LLC

2. Principal Office Address 621 East Pratt Street		3. Mailing Office Address 621 East Pratt Street	
Suite, Apt. #, etc. Suite 300		Suite, Apt. #, etc. Suite 300	
City & State Baltimore, Maryland		City & State Baltimore, Maryland	
Zip 21202	Country USA	Zip 21202	Country USA

4. State/Country of Formation
Delaware

5. Date Organized or Qualified To Do Business in Florida
6-14-96

6. FEI Number
521449733

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

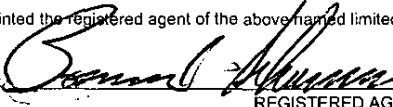
Suite, Apt. #, Etc.

City
Plantation

State
FL

Zip Code
33324

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.

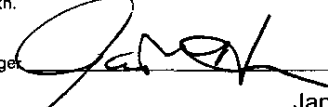
Signature of Registered Agent  **Bonnie A. Schuman**
Assistant Secretary

Date **12/3/04**

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
CEO	Mark K. Joseph	621 East Pratt Street, Suite 300	Baltimore, Maryland 21202
Pres	Michael L. Falcone	621 East Pratt Street, Suite 300	Baltimore, Maryland 21202
EVP	Gary A. Montesana	621 East Pratt Street, Suite 300	Baltimore, Maryland 21202
EVP	William S. Harrison	621 East Pratt Street, Suite 300	Baltimore, Maryland 21202
Contr	Sheila R. Gibson	621 East Pratt Street, Suite 300	Baltimore, Maryland 21202
SEC	Janet E. McHugh	621 East Pratt Street, Suite 300	Baltimore, Maryland 21202

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  **Janet E. McHugh**

Date **11-23-04** Daytime Phone # **443-263-2900**

Typed or printed name of signing Managing Member/Manager **Janet E. McHugh**

CR2E041 (10/02)