PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 APR 19 PM 2:24

DOCUMENT # F97000003836

1. Corporation Name: Pennoni Associates Inc.

REINSTATEMENT 99-05

2. Principal Office Address	**3.** Mailing Office Address
One Drexel Plaza	One Drexel Plaza
Suite, Apt. #, etc.: 3001 Market Street	Suite, Apt. #, etc.: 3001 Market Street
City & State: Philadelphia, PA	City & State: Philadelphia, PA
Zip: 19104 Country: USA	Zip: 19104 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 07/23/97

5. FEI Number: 23-1683429 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Mary Good

Street Address (P.O. Box Number is Not Acceptable): 75 Lattice Drive

400053937874
05/06/05--01009--011 **168.75

Suite, Apt. #, Etc.:

City: Leesburg State: FL Zip Code: 34748

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Mary R. Good (REGISTERED AGENT MUST SIGN) Date: 4-12-05

CR2E081 (01/05)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Dir./ Pres.	Anthony S. Bartolomeo	7 Mansoor Court	Sewell, NJ 08080
Dir./ V.P.	Nelson J. Shaffer	1715 Hillcrest Lane	Aston, PA 19014
Dir. V.P.	Eric L. Flicker	1355 Troon Lane	West Chester, PA 19380
Dir./ V.P.	David A. DeLizza	729 Whitman Drive	Turnersville, NJ 08012
Chair/ Dir.	C.R. Pennoni	411 Valley Glen Drive	Bryn Mawr, PA 19010
Sec.	Peter J. Coote	128 Walter Drive	Media, PA 19063

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: Peter J. Coote 4-12-05 (215) 222-3000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #