PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED SECRETARY OF STATE DIVISION OF CORPORATIONS FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY Katherine Harris COMPANY Secretary of State REINSTATEMENT 02 SEP -6 PM 12: 18 2001-2062 DIVISION OF CORPORATIONS 00000000241 DOCUMENT# / 1. Limited Liability Company's Name The DeLaurentis Family, LLC 400007660104--2 -09/11/02--01026--020 ****205.00 ****205.00 2. Principal Office Address 3. Mailing Office Address 925 Market St. 4. State/Country of Formation Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Date Organized or Qualified To Do Business in Florida City & State City & State 6. FEI Number Applied For Patterson, 58-2514426 Country Not Applicable Country 07513 U.S.A. \$5.00 Additional Fee required CERTIFICATE OF STATUS DESIRED for a Certificate of Status 8. Name and Address of Current Registered Agent Name Robert A. Leapley Street Address (P.O. Box Number is Not Acceptable) 200 W. Forsyth Street, Suite 1400 Suite, Apt. # Etc. State Zip Code Jacksonville 32202 9. I, being appointed the registered agen abilify company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent . REGISTERED AGENT MUST SIGN 10. Names and Street Addresses of Managing Members/Managers Name of Managing Members/Managers Titles Street Address of Each Managing Member/Manager City / State / Zip lanage: <u>Gerald D. DeLaurentis</u> 925 Market St <u>Patterson, NJ 07513</u> 11.1 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 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 Signature of Date 7-/2-02 Daytime Phone # 20/- 796-/246 Managing Member/Manager

Gerald D. DeLaurentis, Manager

Typed or printed name of signing Managing Member/Manager