PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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DOCUMENT # M99000001853

1. Limited Liability Company's Name

Lanaed v Lehrer, LLC

REINSTATEMENT 2000

2. Principal Office Address	**3.** Mailing Office Address
6360 NW 5th Way	6360 NW 5th Way
Suite, Apt. #, etc.	Suite, Apt. #, etc.
300	300
City & State	City & State
Ft. Lauderdale, FL	Ft. Lauderdale, FL
Zip / Country	Zip / Country
33309 / USA	33309 / USA

4. State/Country of Formation: USA

5. Date Organized or Qualified To Do Business in Florida: 11/24/99

6. FEI Number: 65-0965066 ☐ 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

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-11/21/00--01119--001
****150.00 ****150.00

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: PETER F. SOUZA ASSISTANT SECRETARY
REGISTERED AGENT MUST SIGN

Date: 10/23/00

CR2E041 (9/00)

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
MGR/ Pres.	Douglas Sayer	399 Market Street	Philadelphia, Pennsylvania 19106

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: Douglas R Sayer Date: 10/18/00 Daytime Phone # 954 731-6000

Typed or printed name of signing Managing Member/Manager: Douglas R. Sayer