APPROVED AND FILED

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05 JUL -8 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 03-05

DOCUMENT # 688791

1. Corporation Name: Ivyridge of Florida, Inc.

2. Principal Office Address	3. Mailing Office Address
5653 NW 50th St Miami	200 S. Broad St
Suite, Apt. #, etc.	Suite, Apt. #, etc.: Suite 600
City & State: Miami Fla.	City & State: Phila. Pa.
Zip: 33142 Country: Dade	Zip: 19102 Country: Phila.

4. Date Incorporated or Qualified To Do Business in Florida: 9/23/1980

5. FEI Number: 232157253 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ [illegible]

7. Name and Address of Current Registered Agent

Name: CT Corporation System
Street Address (P.O. Box Number is Not Acceptable): 1200 S. Pine Island
Suite, Apt. #, Etc.:
City: Plantation Fl. State: FL Zip Code: 33324

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: Connie Bryan Second Asst Secretary Date: 7/8/05
REGISTERED AGENT MUST SIGN

CR2E031 (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
Pres DIR	Arthur H. Kaplan	Suite 600 200 S. Broad St	Phila PA. 19102
Secy DIR	Carol Vitale	Suite 600 200 S. Broad St	Phila PA 19102

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 satisfied 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: [signature] Arthur H. Kaplan — 7/8/05 — (215) 790-0374
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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TALLAHASSEE, FLORIDA

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Florida Department of State
Division of Corporations
Public Access System

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CORPORATION REINSTATEMENT

IVYRIDGE OF FLORIDA, INC.

Certificate of Status	1
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