PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 NOV 15 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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12/01/04--01027--019 **750.00

REINSTATEMENT 04

1. Corporation Name
Sunstates Maintenance Corp.

2. Principal Office Address	3. Mailing Office Address
100 Four Falls Corporate Center	**same**
Suite, Apt. #, etc.: **Suite 650**	Suite, Apt. #, etc.
City & State: **West Conshohocken, PA**	City & State
Zip: **19428** Country: **USA**	Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida **05/03/2001**

5. FEI Number **56-1104889** ☐ 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: **Corporation Service Company**

Street Address (P.O. Box Number is Not Acceptable): **1201 Hays Street**

Suite, Apt. #, Etc.:

City: **Tallahassee** State: **FL** Zip Code: **32301**

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: Cynthia L. Harris **Cynthia L. Harris as its agent**
REGISTERED AGENT MUST SIGN

Date: 11/15/04

CR2E081 (01/04)

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
D	Graeme A. Crothall	100 Four Falls Corporate Center	West Conshohocken, PA 19428
Pres	Richard K. Fowler	3400 C W. Wendover Ave.	Greensboro, NC 27407
VP	Graeme A. Crothall	100 Four Falls Corporate Center	West Conshohocken, PA 19428
Sec	John L. Kessler	100 Four Falls Corporate Center	West Conshohocken, PA 19428
Treas	Larry J. Reeves	100 Four Falls Corporate Center	West Conshohocken, PA 19428

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: John L. Kessler 11-1-04 610-834-7555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
John L. Kessler, Secretary