.,~	PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.												
REINSTATEMENT Secre				ARTMENT OF ST ary of State F CORPORATIONS	F1' 05 JAN	LEL -7	HIS FORM.  )  PM 3: 24  OF STATE E, FLORIDA						
1. Corpora		「# F030	0000023				TALLA	11722c	-t-1				
2. Principal Office Address 100 Four Falls Corp. Ctr			Ctr	3. Mailing Office Address 100 Four Falls Corp. Ctr		REINS	ATE	TEWENT	' אַנ	1/-0			
Suite, Apt. #, etc.				Suite, Apt, #, etc.						7-0			
Suite 650				Suit 650		4. Date Incorp To Do Busi	orated or ness in Fl	Qualified  orida 5/9/2003					
City & State West Conshohocken			Δ,	City & State West Conshohocken		1 76 0401000			olied For				
Zip Country 19428 Montgomery		ery	Zip 19428	Country Montgomer	Y	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee rection a Certificate of States			Fee required				
				7. Name an	d Address of Current	Register	ed Agent						
	Name Corporation Service Company							400044333364					
	Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street								ĺ				
	Suite, Apt. #, Etc.												
	City Tallah	nassee						State <b>FL</b>	Zip Code 32301-2525				
8. 1 being	appointed th	e renistered and	nt of the abov	ve named corporation a	m familiar with and acc	ant the a	hligations of section	n 607 05	05 or 617 0502 E S		<u> </u>		

Cynthia L. Harris

Signature of Registered Agent REGISTERED AGENT MUST SIGN

as its agent

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip		
Pres.	Richard K. Fowler	3400-C West Wendover Avenue	Greensboro, NC 27407		
VP	Graeme A. Crothall	100 Four Falls Crp. Ctr, 650	W Conshohocken, PA 19428		
VP	Mickey Wright	3400-C West Wendover Avenue	Greensboro, NC 27407		
Sec.	John L. Kessler	100 Four Falls Crp. Ctr, 650	W Conshohocken, PA 19428		
Treas.	Larry J. Reeves	100 Four Falls Crp. Ctr, 650	W Conshohocken, PA 19428		
Dir	Graeme A. Crothall	100 Four Falls Crp. Ctr, 650	W 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 filling 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vice President 610834755 Graeme Crothall,



ACCOUNT NO. : 072100000032 REFERENCE: 086642 7408365 AUTHORIZATION COST LIMIT : \$ 900.00 ORDER DATE: December 15, 2004 ORDER TIME : 1:39 PM ORDER NO. : 086642-070 CUSTOMER NO: 7408365 CUSTOMER: Ms. Heather Jagaczewski Gca Services Group, Inc. Suite 650 100 Four Falls Corporate Center West Conshohock, PA 19428 REINSTATEMENT \* NAME: SUNSTATES FACILITY SERVICES, INC. XX REINSTATEMENT PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_ CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING CONTACT PERSON: Darlene Ward

EXAMINER'S INITIALS