PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
06 JUN 15 AM 10:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F03000006199

1. Corporation Name
KRAVCO MAINTENANCE COMPANY

REINSTATEMENT 6/14/06

2. Principal Office Address	3. Mailing Office Address
234 MALL BLVD.	234 MALL BLVD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: KING OF PRUSSIA, PA	City & State: KING OF PRUSSIA, PA
Zip: 19406 Country: USA	Zip: 19406 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 12/15/2003

5. FEI Number: 232327544 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $3.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: EDWIN F BLANTON

Street Address (P.O. Box Number is Not Acceptable): 810 THOMASVILLE ROAD

Suite, Apt. #, Etc.:

City: TALLAHASSEE State: FL Zip Code: 32303

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: [signature] Date: 6/8/06
REGISTERED AGENT MUST SIGN

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
1.	PRES + DIR.	JON R. POWELL	234 MALL BLVD.	KING OF PRUSSIA, PA 19406
2.	DIR.	ARTHUR L. POWELL	"	"
3.	DIR.	RICHARD S POWELL	"	"
4.	DIR.	DAVID SIMON	115 W. WASHINTOW ST	INDIANAPOLIS, IN 46204
5.	DIR.	RICHARD SOKOLOV	"	800176292195 06/20/06 01024 007 **1050.00
6.	DIR.	STEPHEN STERRETT	"	"

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 contained in Chapter 119, 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: Lisa F. Pliskin 5/26/06 610-768-6321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

7. W.R. LISA F. PLISKIN 234 MALL BLVD., KING OF PRUSSIA, PA 19406

B. Mitchell JUN 15 2006