## 2007 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# F06000007920

City-St-Zip:

BELFAST, IRELAND, BT9 6HH, OC

FILED Sep 25, 2007 Secretary of State

Entity Nai	me: SALLIN PI	ROPERTIES	US, INC.			
Current Principal Place of Business:				New Principal Place of	New Principal Place of Business:	
TWO PENN CENTER PLAZA, SUITE 1800 PHILADELPHIA, PA 19102				1530 CROSS STREET SARASOTA, FL 34236	US	
Current Mailing Address:				New Mailing Address:	New Mailing Address:	
TWO PENN CENTER PLAZA, SUITE 1800 PHILADELPHIA, PA 19102				1530 CROSS STREET SARASOTA, FL 34236	US	
FEI Number:	: 20-3223502	FEI Number A	Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of N	Name and Address of New Registered Agent:	
1530 CRO SARASOT	(RAIG H ESQ. SS STREET A, FL 34236	US	atement for the nu	rpose of changing its registered o	ffice or registered agent, or both	
	e of Florida.	idomita tina at	atement for the pu	irpose of changing its registered o	inice of registered agent, or both,	
SIGNATU	RE: KRAIG H		5 Di-t 1 A		Dele	
		-	f Registered Agen		Date	
	ce with s. 607.193 mpaign Financing			receive the prior notice.		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	MCGEOWN, JAI 44 CADOGAN P		ос	Title: ( ) Name: Address: City-St-Zip:	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	DS () MCGEOWN, CA 44 CADOGAN P BELFAST, IREL	ARK	ос	Title: ( ) Name: Address: City-St-Zip:	Change ()Addition	
Title: Name: Address:	DVP () KENNEDY, FER 8 MALONE PAR			Title: ( ) Name: Address:	Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: JAMES D MCGEOWN DP 09/25/2007