PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
00 JUL 17 PM 2:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F97000002479

1. Corporation Name: GH Northwest, Inc.

Principal Place of Business: 10 Campus Blvd. Newtown Square, PA 19073

Mailing Address: ~~[illegible]~~

800003348878--2
-07/25/00--01047--013
****900.00 ****900.00

DO NOT WRITE IN THIS SPACE

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip Country

3. New Mailing Address, If Applicable
10 Campus Blvd.
Suite, Apt. #, etc.
City & State: Newtown Square, PA
Zip: 19073 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida: May 9, 1997

5. FEI Number: 23-2902361 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 Directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City/State/Zip
President	Gary M. Holloway	10 Campus Blvd.	Newtown Square PA 19073
Vice President	Bruce Robinson	10 Campus Blvd.	Newtown Square PA 19073
Secretary	Catherine Coyle	10 Campus Blvd.	Newtown Square PA 19073
Asst. Secretary	Robert DiGiuseppe	10 Campus Blvd.	Newtown Square PA 19073

REINSTATEMENT 99-00

8. Name and Address of Current Registered Agent

CT Corporation System
1200 South Pine Island Rd.
Plantation, FL 3324

9. Name and Address of New Registered Agent

Name: N/A
Street Address (P.O. Box Number Is Not Acceptable):
Suite, Apt. #, Etc.
City | State: FL | Zip Code

CR2E040 (12/95)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Connie Bynes Date: 7-17-00
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: Robert DiGiuseppe - Robert DiGiuseppe 7/17/00 1212-539-12325
SIGNATURE AND TYPED OR PRINTED NAME SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #