L02000016799

Florida Department of State
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LIMITED LIABILITY REINSTATEMENT

T.A. OF LANCASTER, LLC

Certificate of Status	0
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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2004 AUG 24 P 2:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000016799

1. Limited Liability Company's Name
T.A. of Lancaster, LLC

2. Principal Office Address	3. Mailing Office Address
c/o Nancy D. Warner 2 Veterans Square	c/o Nancy D. Warner 2 Veterans Square
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Media, PA	City & State: Media, PA
Zip: 19603 Country: USA	Zip: 19603 Country: USA

4. State/Country of Formation: PA

5. Date Organized or Qualified To Do Business in Florida: 09/26/2003

6. FEI Number: Applied For / Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee Required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation State: FL Zip Code: 33324

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: Ann Williams Date: August 24, 2004

REGISTERED AGENT MUST SIGN

Ann J. Williams, Assistant Vice President

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Nancy D. Warner	2 Veterans Square,	Media, PA 19603

CR2E041 (10/01)

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.508, F.S., and that all taxes owed by the limited liability company 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 of Managing Member/Manager: Date: 8/23/04 Daytime Phone #: 215-441-2112

Typed or printed name of signing Managing Member/Manager: Nancy D. Warner managing member

RL01(4 - 08/03/04 CT System Online

TOTAL P.02