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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 27 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000026563

Name and Mailing Address

0015570 01 MB 0.309 **AUTO T8 0 0615 19133-341000
RMJP BROOKSHIRE,LLC
2600 NORTH 2ND STREET
PHILADELPHIA PA 19133-3410

800024179808
10/27/03--01122--020 **155.00

2. New Mailing Address
901 Artis Road
City, State, Zip
Plymouth Meeting PA 19462

Principal Place of Business
2600 NORTH 2ND STREET
PHILADELPHIA PA 19133

3. New Principal Place of Business Address
901 Artis Road
City, State, Zip
Plymouth Meeting, PA 19462

4. State/Country of Formation
FL

5. Date Organized or Qualified To Do Business in Florida
10/08/2002

6. FEI Number
23-2206405
☐ Applied For
☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☑ $5.00 Additional Fee required for a Certificate of Status

CR2E034 (7/03)

8. **Name and Address of Current Registered Agent**

LEMUS, MARTHA
10409 NORTH FLORIDA AVENUE
TAMPA FL 33612

9. **Name and Address of New Registered Agent**

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

10. 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 X Martha Lemus SIGNATURE REQUIRED. REGISTERED AGENT MUST SIGN X Date 10/24/03

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
P	Paula Katz	901 Artis Rd.	Plymouth Meeting, PA 19462
VP	Mitchell Rapoport	1002 Valley Glen Rd.	Elkins Park, PA 19027
Sec.	Jeffrey Rapoport	458 N. Appletree Lane	Lafayette Hill, PA 19444
Tr.	Randy Rapoport	220 W. Rittenhouse Sq. Apt. 1EC	Philadelphia, PA 19103
		REINSTATEMENT 03 cus dcc	

12. 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 608.406, F.S., and that all fees 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 X Paula Katz SIGNATURE REQUIRED. Date 10/20/03 Daytime Phone # 610 220 8806

Typed or printed name of signing Managing Member/Manager Paula Katz