PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
08 FEB -7 PM 2:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (12/07)

DOCUMENT # L05000058960

1. Limited Liability Company's Name
I & L Litchmore, LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
50 Westminster Street		7333 Brookfield Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
N/A		N/A	
City & State		City & State	
Lehigh Acres, FL		Cheltenham, PA	
Zip	Country	Zip	Country
33936	USA	19012	USA

4. State/Country of Formation: Florida/USA

5. Date Organized or Qualified To Do Business in Florida: June 14, 2005

6. FEI Number: 83-0432133 ☐ 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: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. #, Etc.: N/A

City: Tallahassee | State: FL | Zip Code: 32301

☐ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

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: [signature] REGISTERED AGENT MUST SIGN Date: 1/28/08

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mgrm	Loven A. Litchmore	7633 Brookfield Road	Cheltenham/PA/19012
Mgrm	Isoline V. Litchmore	7633 Brookfield Road	Cheltenham, PA 19012

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REINSTATEMENT

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 608.408, 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: Loven A. Litchmore Date: 01/29/08 Daytime Phone #: 215 850-8604

Typed or printed name of signing Managing Member/Manager: Loven A. Litchmore