FILED
14 MAY -9 AM 10: 36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (1/14)

DOCUMENT # L07000117146

1. Limited Liability Company's Name
KIP SIU (UK) LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
8560 Ulmerton Road	3600 Market Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	Suite 530
City & State	City & State
Largo, FL	Philadelphia, PA
Zip / Country	Zip / Country
33771 / USA	19104 / USA

4. State/Country of Formation
Florida/USA

5. Date Organized or Qualified To Do Business in Florida
11/21/2007

6. FEI Number
26-0176387
☐ 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

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

Suite, Apt. #, Etc.

City	State	Zip Code
Plantation	FL	33324

9. I, being appointed the registered agent of the above named Entited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: Connie Bayer Date 5/9/2014
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Manager/s	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	Gerard M. Francois	3600 Market Street, Ste 530	Philadelphia, PA 19104
MGR	Jeannette A. Drake	3600 Market Street, Ste 530	Philadelphia, PA 19104
	REINSTATEMENT MAY 09 2014 R. HUNT		

11. E-mail Address: gfrancois@palmer-group.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager of the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 605.0112, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager: [signature] Date 5/9/2014 Daytime Phone (215) 243-2590

Typed or printed name of signing Authorized Representative/Manager: BERARD M FRANCOIS

Florida Department of State
Division of Corporations
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LIMITED LIABILITY REINSTATEMENT
KIP SIU (UK) LLC

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R. HUNT

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