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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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MJH

DOCUMENT # L99000001218

1. Limited Liability Company's Name
SHAMROCK HOLDINGS L.L.C.

2. Principal Office Address	3. Mailing Office Address
5447 NW 42 AVE	5447 NW 42 AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BOCA RATON FL	City & State: BOCA RATON FL
Zip: 33496 Country: PALM BEACH	Zip: 33496 Country:

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 10/27/97

6. FEI Number: 65-0791825 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name: WILLIAM J. REILLY

Street Address (P.O. Box Number is Not Acceptable): 5447 NW 42 AVE

Suite, Apt. #, Etc:

City: BOCA RATON State: FL Zip Code: 33496

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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: Will J Reilly (REGISTERED AGENT MUST SIGN) Date: 8/3/00

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	WILLIAM J. REILLY	5447 NW 42 AVE	BOCA RATON FL 33496
MGRM	GARY QUIGLEY	C/O THE QUIGLEY CORP. SHADY RETREAT RD.	DOYLESTOWN PA 18901

REINSTATEMENT 1999-2000

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: Will J Reilly Date: 8/3/00 Daytime Phone #: (561) 995-4625

Typed or printed name of signing Managing Member/Manager: WILLIAM J. REILLY