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
02 FEB 19 PM 3:54

DOCUMENT # L98000000437

1. Limited Liability Company's Name

PRA AT MEADOWBROOKE, LC

9/28/01

2. Principal Office Address	**3.** Mailing Office Address
600 WEST OCEAN DR.	BOURSE BLDG, 111 S. INDEPEN
Suite, Apt. #, etc.	Suite, Apt. #, etc.
P.O. BOX 510536	DEPUE MALL E, SUITE 100
City & State	City & State
KEY COLONY BEACH, FL	PHILADELPHIA, PA
Zip / Country	Zip / Country
33051 / USA	19106 / USA

4. State/Country of Formation: FL/USA

5. Date Organized or Qualified To Do Business in Florida: APRIL 3, 1998

6. FEI Number: 52-2385742 ☐ 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

700005051217--0
-03/06/02--01076--021
****200.00 ****200.00

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: Margaret E Routzahn MARGARET E. ROUTZAHN Date: 2-14-02
REGISTERED AGENT MUST SIGN Special Assistant Secretary

CR2E041 (9/01)

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 Member	JOSEPH PACITTI	BOURSE BLDG, SUITE 1100 111 S. INDEPENDENCE MALL E	19106 PHILADELPHIA, PA
Mgrm Member	PRA AT MEADOWBROOKE HOTEL, INC.	SAME AS ABOVE	SAME AS ABOVE
			Reinst 100.00
			01 50.00
	REINSTATEMENT 2001-2002		02 50.00
			200.00 nc

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 608.406, 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: _____ Date: 1/16/02 Daytime Phone #: (215) 922-4820 EXT 17

Typed or printed name of signing Managing Member/Manager: JOSEPH PACITTI