APPROVE

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLET

FILED
Sep 05, 2001 8:00 A.M.
Secretary of State

ST TALLAHASSEE

LIMITED LIABILITY COMPANY REINSTATEMENT

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

DOCUMENT # L99000008999

REINSTATEMENT 2000-2001

1. Limited Liability Company's Name

Trinity Retail, LLC

2. Principal Office Address		**3.** Mailing Office Address	
259 N. Radnor-Chester Road		259 N. Radnor-Chester Road	
Suite, Apt. #, etc.		Suite, Apt.# etc.	
Suite 200		Suite 200	
City & State		City & State	
Radnor, PA		Radnor, PA	
Zip	Country	Zip	Country
19087	USA	19087	USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida
12/20/99

6. FEI Number
59-3614039
☐ 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 Systems

800004574588--4
-09/07/01--01020--005
****200.00 ****200.00

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 limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent VickiAnn Owens Special Assistant Secretary Date 8/31/01
REGISTERED AGENT MUST SIGN

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
MGR	Eastern Retail Holdings Limited Partnership	259 N. Radnor-Chester Road, Suite 200	Radnor, PA 19087
			800004574588--4
			-09/07/01--01020--006
			******5.00 ******5.00

9.5.01

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 it made under oath.

Signature of Managing Member/Manager David V. Iemolo Date 8/30/01 Daytime Phone # 610-341-9200

Typed or printed name of signing Managing Member/Manager David V. Iemolo, Vice President