OCT. 8. 2004 11:13AM CORP SERVICE COMP NO. 6 3

OCT. 7. 2004 9:58AM CORPORATION SVC CO NO. 0

M00000000299

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
04 OCT -8 AM 8:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M00000000299

1. Limited Liability Company's Name
GH CP Commercial Realty Services, LLC

6D0041732946

2. Principal Office Address	3. Mailing Office Address
10 Campus Blvd.	same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Newtown Square, Pa	City & State
Zip: 19073 Country: USA	Zip Country

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business In Florida: 2/14/00

6. FEI Number: 23-3018228 ☐ 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.:

City: Tallahassee State: FL Zip Code: 32301

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: Deborah D. Skipper **Deborah D. Skipper Asst. V. Pres.** Date: 10/8/04

REGISTERED AGENT MUST SIGN

CR2E041 (10/03)

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
P	Gary Holloway	10 Campus Blvd.	Newtown Square, Pa 19073
VP	Bruce Robinson	10 Campus Blvd.	Newtown Square, Pa 19073
		REINSTATEMENT 2004	

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: J. Quigley Kindermore Date: 10/9/04 Daytime Phone #: 610-353-5147

Typed or printed name of signing Managing Member/Manager: Anthony J. Quigley Kindermore Asst Secretary

CORPORATION SERVICE COMPANY®

M00000000299

ACCOUNT NO. : 072100000032

REFERENCE : 919808 7112604

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 150.00

ORDER DATE : October 8, 2004

ORDER TIME : 2:16 PM

ORDER NO. : 919808-010

CUSTOMER NO: 7112604

CUSTOMER: Ms. Jeanie Cassidy
Gmh Associates, Inc.
10 Campus Blvd.

Newtown Square, PA 19073

REINSTATEMENT

NAME: GH CP COMMERCIAL REALTY SERVICES. LLC

RECEIVED
04 OCT -8 PM 2:50
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

XX___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward

EXAMINER'S INITIALS _____