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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M00000001084

1. Limited Liability Company's Name
KR PENSACOLA MANAGER LLC

2. Principal Office Address	3. Mailing Office Address
580 W. GERMANTOWN PIKE	580 W. GERMANTOWN PIKE
Suite, Apt. #, etc.: 200	Suite, Apt. #, etc.: 200
City & State: PLYMOUTH MEETING, PA	City & State: PLYMOUTH MEETING, PA
Zip: 19462 Country:	Zip: 19462 Country:

4. State/Country of Formation: DELAWARE

5. Date Organized or Qualified To Do Business in Florida: 6-16-00

6. FEI Number: 23-3087652 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name: CT CORPORATION

Street Address (P.O. Box Number is Not Acceptable): 1200 S. PINE ISLAND ROAD

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: Connie Byam Date: 7/22/04
REGISTERED AGENT MUST SIGN

CR2E041 (10/01)

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
MGR	MICHAEL G. MORTIMER	580 W. GERMANTOWN PIKE STE. 200	PLYMOUTH MTG., PA. 19462

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: [signature] Date: 7-21-04 Daytime Phone #: 610-818-6562

Typed or printed name of signing Managing Member/Manager: MICHAEL G. MORTIMER, V.P., Controller

FL110 - (1/13/03) CT System Online

REINSTATEMENT 03-04

JM

TOTAL P.02

Florida Department of State
Division of Corporations
Public Access System

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LIMITED LIABILITY REINSTATEMENT

KR PENSACOLA MANAGER LLC

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