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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS																																	
DOCUMENT # <u>M00000001194</u>																																			
1. Limited Liability Company's Name KR PENSACOLA LLC																																			
2. Principal Office Address 580 W. GERMANTOWN PIKE Suite, Apt. #, etc. 200 City & State PLYMOUTH MEETING, PA Zip 19462		3. Mailing Office Address 580 W. GERMANTOWN PIKE Suite, Apt. #, etc. 200 City & State PLYMOUTH MEETING, PA Zip 19462																																	
4. State/Country of Formation DELAWARE		5. Date Organized or Qualified To Do Business in Florida 6-16-00																																	
6. FEI Number 23-3049063		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 <u>Cassius B. B...</u> Date <u>7/22/04</u> REGISTERED AGENT MUST SIGN																																			
10. Names and Street Address of Managing Members/Managers <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Title</th> <th>Name of Managing Member/Managers</th> <th>Street Address of Each Managing Member/Manager</th> <th>City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>MGR</td> <td>MICHAEL G. MORTIMER</td> <td>580 W. GERMANTOWN PIKE STE. 200</td> <td>PLYMOUTH MTG., PA. 19462</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>				Title	Name of Managing Member/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																								
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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 <u>Michael G. Mortimer</u> Date <u>7-21-04</u> Daytime Phone # <u>610-818-6562</u> Typed or printed name of signing Managing Member/Manager <u>MICHAEL G. MORTIMER, V.P., Controller</u>																																			

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REINSTATEMENT

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Division of Corporations
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KR PENSACOLA LLC

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