PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2008 FEB -6 AM 8:42
FILED

CR2E041 (12/07)

DOCUMENT # M01000001311

1. Limited Liability Company's Name

ARDEN COLONNADE, LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
1635 MARKET STREET		1635 MARKET STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
17TH FLOOR		17TH FLOOR	
City & State		City & State	
PHILADELPHIA, PA		PHILADELPHIA, PA	
Zip	Country	Zip	Country
19103	USA	19103	USA

4. State/Country of Formation: DE

5. Date Organized or Qualified To Do Business in Florida: 6/11/2001

6. FEI Number: 23-3084270 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee is required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: C T CORPORATION SYSTEM

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

Suite, Apt. #, Etc.:

City: PLANTATION | State: FL | Zip Code: 33324

☐ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am Victoria Owens the obligations of Chapter 608, F.S.

Signature of Registered Agent: Victoria Owens Special Assistant Secretary Date: 2/6/08

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
MGRM	CRAIG A. SPENCER	1635 MARKET STREET, 17TH FLOOR	PHILADELPHIA, PA 19103

REINSTATEMENT 06-08

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: Craig A. Spencer Date: 2/6/08 Daytime Phone # 215 735 1313 ext 127

Typed or printed name of signing Managing Member/Manager:

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5926

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LIMITED LIABILITY REINSTATEMENT

ARDEN COLONNADE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$516.25