PLEASE READ ALL INSTRUCTIONS BEFORE COMPRETING THIS FORM.

LIMITED LIA COMPA REINSTATI	NY	FLORIDA DEPARTMENT OF ST Secretary of State DIVISION OF CORPORATIONS	TATE
DOCUMENT Limited Liability C	NT # M Ø 600000)2991	,
GB Investors, LLC			600181822086
·		$\mathcal{O}_{\mathcal{I}}$	CR2E041 (12/07)
2. Principal Office Address - No P.O. Box # 245 Park Avenue		3. Mailing Office Address 770 Township Line Road	d 4. State/Country of Formation
Suite, Apl. ¥, etc.		Suite, Apt. #, etc. Suite 150	DE 5. Date Organized or Qualified To De Business in Florida 5/21/06
City & State New York, NY		City & State Yardley, PA	3/31/00 6. FEI Number AppRed For AppRed For
zip 10167	Country	Zip Country 19067	7. CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee required for a Certificate of Status
7.7	8. Name and Address	of Current Registered Agent	
Corporation Service Company			A \$100 reinstatement fee is imposed, except in circumstances which the entity did not
Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street Suite, Apt. #, Etc.			receive the prior notices. By checking this box, you are certifying the prior notices were
Saine, Apr. M. Cit.			not received and requesting the \$100 reinstatement be waived.
Tallahassee Siate 21p Code FL 32301			øde -
9. I, being appointed	the registered agent of the ab	ove primer limited liability company, am familiar v	with and accept the obligations of Chapter 608, F.S.
Signature of Registered Agent Date 6-7-2-010			
Registered Agent		Date 0 7 3-070	
10. Names and Str	get Addresses of Managing Me	embers/Managers	
Name of Street Address of Each			
· [•	Managing Members/ Managing Members/ Managing	gers Managing Membr	obr/ Manager City / State / Zip
MAN INVE	ENS PLAZA ESTORS, LLC	770 Township Li	ine Road, Suite Yardley, PA 19067
		<u></u> L	2 - 6 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -
	RE	INSTATEMENT	2007-2010
• •			
filing this reinstat	ement application the reason to the limited liability company ha	or dissolution has been eliminated, the limited liabil	this application as provided for in chapter 608, F.S. I further certify that when likity company name satisfies the requirements of section 608,406, F.S., and that optication is true and accurate, and my signature shall have the same legal effect
Signature of Managing Member/M		Dat	nte 6/3/10 Dayling Phone # 215-575-2474

ACCOUNT NO. :

120000000195

REFERENCE :

4718168

AUTHORIZATION:

COST LIMIT

ORDER DATE: June 7, 2010

ORDER TIME : 11:45 AM

ORDER NO. : 407289-005

CUSTOMER NO: 4718168

REINSTATEMENT

NAME: GB INVESTORS LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd

EXAMINER'S INITIAL