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SECRETARY OF STATE
TALLAHASSEE FLORIDA

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # M07000005646

1. Entity Name
PINEBROOK BUSINESS CENTER ASSOCIATES, LLC

Principal Place of Business	Mailing Address
ONE WEST FIRST AVE STE 400 CONSHOKOCKEN, PA 19428	ONE WEST FIRST AVE STE 400 CONSHOKOCKEN, PA 19428

10282008 REIN-LLC CR2E101 (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
One Presidential Blvd.	One Presidential Blvd.
Suite, Apt. #, etc.: Suite 300	Suite, Apt. #, etc.: Suite 300
City & State: Bala Cynwyd PA	City & State: Bala Cynwyd PA
Zip: 19004 Country: USA	Zip: ~~PA~~ 19004 Country: ~~19004~~ USA

4. FEI Number: 26-0902075 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CAPITOL CORPORATE SERVICES, INC.
155 OFFICE PLAZA DRIVE
SUITE A
TALLAHASSE, FL 32301

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Barbara A. Kaulfuss Barbara A. Kaulfuss, Asst. Sec. 11/4/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $238.75
After January 1, 2009, Fee will be $377.50

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR GLAZER, WILLAIM H ONE WEST FIRST AVE STE 400 CONSHOKOCKEN, PA 19428 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 100137883351 11/13/08--01008--005 **238.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR RASH, MARC ONE WEST FIRST AVE STE 400 CONSHOKOCKEN, PA 19428 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

REINSTATEMENT

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Marc Rash 610-980-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #