FILED

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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
ONE WEST FIRST AVE STE 400
CONSHOKOCKEN, PA 19428

Mailing Address
ONE WEST FIRST AVE STE 400
CONSHOKOCKEN, PA 19428

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

3. Mailing Address One Presidential Blvd.
Suite, Apt. #, etc. Suite 300
City & State Bala Cynwyd PA
Zip ~~PA~~ 19004 Country ~~19004~~ USA

10282008 REIN-LLC CR2E101 (1/07)

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
TALLAHASSEE, 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 date 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	MGR ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GLAZER, WILLAIM H	NAME	
STREET ADDRESS	ONE WEST FIRST AVE STE 400	STREET ADDRESS	100137883351
CITY-ST-ZIP	CONSHOKOCKEN, PA 19428	CITY-ST-ZIP	11/13/08--01008--005 **238.75
TITLE	MGR ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	RASH, MARC	NAME	
STREET ADDRESS	ONE WEST FIRST AVE STE 400	STREET ADDRESS	
CITY-ST-ZIP	CONSHOKOCKEN, PA 19428	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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