

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		CR2E041 (1/14)	
DOCUMENT # M11000002695 1. Limited Liability Company's Name Benereation, LLC					
2. Principal Office Address - No P.O. Box # 10,000 Midlantic Drive Suite, Apt. #, etc. Suite 301 West City & State Mount Laurel NJ Zip 08054		3. Mailing Office Address 10,000 Midlantic Drive Suite, Apt. #, etc. Suite 301 West City & State Mount Laurel NJ Zip 08054		4. State/Country of Formation Pennsylvania 5. Date Organized or Qualified To Do Business in Florida 05/23/2011 6. FEI Number 264411419	
7. Name and Address of Current Registered Agent Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road Suite, Apt. #, Etc. City Plantation		8. Name and Address of Current Registered Agent Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road Suite, Apt. #, Etc. City Plantation		REINSTATEMENT APR 17 2014 R. HUNT	
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S. Signature of Registered Agent <i>Maria T. Chambers</i> Maria T. Chambers REGISTERED AGENT MUST SIGN Special Assistant Secretary 4/17/14					
10. Name and Street Addresses of Authorized Representatives/Managers					
Title	Name of Authorized Representative/Manager	Street Address of Each Authorized Representative/Manager		City / State / Zip	
MGR	Stewart Anmuth	10,000 Midlantic Drive, Suite 301 West		Mount Laurel, NJ 08054	
MGR	Brian Daggett	10,000 Midlantic Drive, Suite 301 West		Mount Laurel, NJ 08054	
MGR	William Daggett	10,000 Midlantic Drive, Suite 301 West		Mount Laurel, NJ 08054	
MGR	Joseph Dowd	10,000 Midlantic Drive, Suite 301 West		Mount Laurel, NJ 08054	
MGR	Shawn Oresteln	10,000 Midlantic Drive, Suite 301 West		Mount Laurel, NJ 08054	
11. E-mail Address: _____ (To be used for future correspondence)					
12. I certify that I am an authorized representative/manager of the limited liability company and am empowered to execute this application as provided for in Chapter 605, 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 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information included on this application is true and accurate, and my signature shall have the same legal effect as a made under oath. I can swear that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.100, F.S. Signature of Authorized Representative/Manager <i>Stewart Anmuth</i> Date 4-17-14 Daytime Phone (856)-380-5061 Typed or printed name of signing Authorized Representative/Manager Stewart Anmuth					

* Division of Corporations

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**LIMITED LIABILITY REINSTATEMENT
BENERATION, LLC**

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APR 17 2014

R. HUNT

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