

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1. Limited Liability Company's Name

M98-1187

Regulus America LLC

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

2000

2. Principal Office Address

5401 West Kennedy Blvd
Suite, Apt. #, etc.

City & State

Tampa FLA

Zip

33609

Country

USA

3. Mailing Office Address

2 International Plaza
Suite, Apt. #, etc.

Suite 650

City & State

Philadelphia

Zip

PA

Country

19113

4. State/Country of Formation

Delaware

**5. Date Organized or Qualified
To Do Business in Florida**

6. FEI Number

23-2974594

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$500 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

C.T. Corporation Systems

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Mary Alice Rogers

REGISTERED AGENT MUST SIGN

Date 11/20/00

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
Mgr	Cester Stockel	2 Intl Plaza Suite 650	Phila PA 19113
Chairman	Richard Long	2 Intl Plaza Suite 650	Phila PA 19113
CEO	Kathy Hamburger	2 Intl Plaza Ste 650	Phila PA 19113
Pres	Jeffrey Thiesen	2 Intl Plaza Ste 650	Phila PA 19113
man			
sup			
fin			

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

Jeffrey P Thiesen

Date 10/1/00

Daytime Phone # 610-362-7482

Typed or printed name of signing Managing Member/Manager

Jeffrey P Thiesen

CR2041 (9/00)