

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 FEB -6 AM 9:55

DOCUMENT # M99000001492

1. Entity Name
NORTH FEDERAL HIGHWAY, L.L.C.



Principal Place of Business
1600 MARKET STREET
SUITE 1310
PHILADELPHIA, PA 19103 US

Mailing Address
1600 MARKET STREET
SUITE 1310
PHILADELPHIA, PA 19103 US

2. Principal Place of Business
1600 Market Street

3. Mailing Address
1600 Market Street

Suite, Apt. #, etc.
Suite 1310

Suite, Apt. #, etc.
Suite 1310

12292006 REIN-LLC CR2E101 (11/05)

City & State
Philadelphia, PA

City & State
Philadelphia, PA

4. FEI Number
31-6159380

Applied For
Not Applicable

Zip Country
19103 USA

Zip Country
19103 USA

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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 Sonya L. Cordell Sonya L. Cordell, Authorized Rep 1/31/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
After January 1, 2007, Fee will be \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME LAYMAN, RICHARD K ☐ Delete
STREET ADDRESS 1600 MARKET STREET, SUITE 1310
CITY-ST-ZIP PHILADELPHIA, PA 19103

TITLE MGR
NAME HANDS, KATHLEEN M ☐ Delete
STREET ADDRESS 1600 MARKET STREET, SUITE 1310
CITY-ST-ZIP PHILADELPHIA, PA 19103

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS 900087731049
CITY-ST-ZIP 02/02/07--01037--005 ***100.00

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS REINSTATEMENT 06-07
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #