

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # M99000001492

1. Limited Liability Company's Name

North Federal Highway, L.L.C.

08

BK

CR2E041 (10/08)

FILED  
09 AUG 12 AM 8:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Office Address - No P.O. Box #  
50 South 16th Street

Suite, Apt. #, etc.  
Suite 2600

City & State  
Philadelphia, PA

Zip Country  
19102 US

3. Mailing Office Address  
50 South 16th Street

Suite, Apt. #, etc.  
Suite 2600

City & State  
Philadelphia, PA

Zip Country  
19102 US

4. State/Country of Formation  
Delaware

5. Date Organized or Qualified  
To Do Business in Florida 09/22/1999

6. FEI Number  
316159380

☒ Applied For  
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name  
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)  
1201 Hays Street

Suite, Apt. #, Etc.

City  
Tallahassee

State Zip Code  
FL 32301

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 8/12/09

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	Layman, Richard K.	50 S. 16th St., Suite 2600	Philadelphia, PA 19102
MGR	Hands, Kathleen M.	50 S. 16th St., Suite 2600	Philadelphia, PA 19102

REINSTATEMENT 2008-2009

500159523725

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

*[Signature]*

Date 7/27/09

Daytime Phone # 215.575.3700

Typed or printed name of signing Managing Member/Manager Kathleen M. Hands



CORPORATION SERVICE COMPANY

M 9900001492

ACCOUNT NO. : I20000000195

REFERENCE : 094354 4812402

AUTHORIZATION :

COST LIMIT

*Louderman*  
\$ 377.50

ORDER DATE : August 12, 2009

ORDER TIME : 2:50 PM

ORDER NO. : 094354-005

CUSTOMER NO: 4812402

RECEIVED  
09 AUG 12 PM 4:10  
STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

377.50

REINSTATEMENT

NAME: NORTH FEDERAL HIGHWAY, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret

EXAMINER'S INITIALS

*PK*

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TALLAHASSEE, FLORIDA

File 1st