

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 AUG -5 PM 12:33

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P 01516

1. Corporation Name *Radnor / PLANTATION Corporation*
1801 MARKET STREET
17th FLOOR
Philadelphia, PA 19103

000021084960
08/12/03--01063--009 **15.00

REINSTATEMENT 03

000021084960
06/23/03--01100--013 **758.75

2. Principal Office Address

1801 MARKET STREET

Suite, Apt. #, etc.

17 FLOOR

City & State

Philadelphia, PA

Zip

19103

Country

U.S.A.

3. Mailing Office Address

1801 MARKET STREET

Suite, Apt. #, etc.

17th FLOOR

City & State

Philadelphia PA

Zip

19103

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

4-5-84

5. FEI Number

23-2292398

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

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

State

FL

Zip Code

33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

C.T. Corporation System

REGISTERED AGENT MUST SIGN

Date *6-5-03*

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Dir Pres	P.A. Mulholland	1801 MARKET St., 27 th Fl.	Philadelphia PA 19103
VP	G.J. Szilier	1801 MARKET St., 27 th Fl.	Philadelphia PA 19103
Sec.	L.J. Dilucido	1801 MARKET St., 17 th Fl.	Philadelphia PA 19103
Tres.	G.J. Szilier	1801 MARKET St., 27 th Fl.	Philadelphia PA 19103

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

L.J. Dilucido (L.J. Dilucido) Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-5-03

Date

215-977-6236

Daytime Phone #

CR2E081 (10/02)