PLEASE READ ALL INSTRUCTIONS BEFORE CON

FILED
05 JUN -8 PM 2:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 04-05

DOCUMENT # P94000093751

1. Corporation Name
GMH Construction Company, Inc.
10 Campus Boulevard
Newtown Square ,PA 19073

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 10 Campus Boulevard | 10 Campus Boulevard |
| Suite, Apt #, etc | Suite, Apt #, etc |
| Newtown Square, PA | Newtown Square, PA |
| Zip: 19073 Country: USA | Zip: 19073 Country: USA |

4. Date Incorporated or Qualified To Do Business in Florida: 12.29.94

5. FEI Number: 23 2792053 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $6.75 Additional Fee required for a Certificate of Status

7. 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: FL Zip Code: 32301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: Cynthia L. Harris Cynthia L. Harris as its agent Date: 6/8/05
REGISTERED AGENT MUST SIGN

CR2E031 (01/04)

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 |
|---|---|---|---|
| Pres | Gary Holloway | 10 Campus Boulevard | Newtown Square, PA 19073 |
| VPres. | Bruce Robinson | 10 Campus Boulevard | Newtown Square, PA 19073 |
| AS | Anthony Cardamone | 10 Campus Boulevard | Newtwon Square, PA 19073 |
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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: Gary Holloway 6/8/05 610 355 8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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# Florida Department of State
## Division of Corporations
### Public Access System

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(((H05000142704 3)))

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

# CORPORATION REINSTATEMENT

## GMH CONSTRUCTION COMPANY, INC.

| | |
|---|---|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | $900.00 |