PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 DEC 19 PM 2:34
SECRETARY OF STATE
TALLAHASSEE FLORIDA

1

DOCUMENT # P95000074397

1. Corporation Name

PR West Palm, Inc.

Principal Place of Business / Mailing Address

455 Pennsylvania Avenue, Suite 135
Fort Washington, PA 19034

REINSTATEMENT

9/20/00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable: N/A
Suite, Apt. #, etc.
City & State
Zip / Country

3. New Mailing Office Address, If Applicable: N/A
Suite, Apt. #, etc.
City & State
Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 9/26/95

5. FEI Number: 65-0377455 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] — **$8.75 Additional Fee required for a Certificate of Status**

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	Robert G. Rogers	455 Pennsylvania Ave., Suite 135	Fort Washington, PA 19034
V/S	Jeffrey A. Linn	455 Pennsylvania Ave., Suite 135	Fort Washington, PA 19034
V/T	Dante J. Massimini	455 Pennsylvania Ave., Suite 135	Fort Washington, PA 19034

800002377708--1

8. Name and Address of Current Registered Agent

Corporation Service Company
1201 Hays Street
Tallahassee, Florida 32301

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City / State: FL / Zip Code

C52E040 (12/96)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Karen B. Rozar — REGISTERED AGENT MUST SIGN

Karen B. Rozar, As Its Agent 12-18-97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No [X]

(See other side for information on intangible tax.)

12. 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.

Jeffrey A. Linn, Vice President

SIGNATURE: [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

December 18, 1997 — Date
215-542-9250 — Daytime Phone #

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THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 643180 ~~4372680~~

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 758.75

ORDER DATE : December 19, 1997

ORDER TIME : 12:04 PM

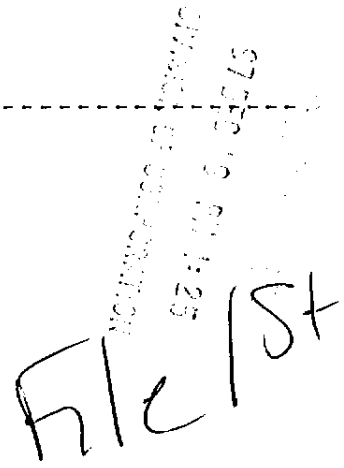
ORDER NO. : 643180-005

CUSTOMER NO: 4372680

CUSTOMER: Colleen A. Johnson, Legal Asst
Drinker Biddle & Reath
Philadelphia Nat'l Bank Bldg
1345 Chestnut Street
Philadelphia, PA 19107-3496

DOMESTIC FILINGS

NAME: PR WEST PALM, INC.



File 1st

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Karen B. Rozar

EXAMINER'S INITIALS _____