

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED  
AND  
FILED

03 MAY 21 AM 11:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000074397

**1. Corporation Name**

PR West Palm, Inc.

**2. Principal Office Address**

The Bellevue, 200 South Broad

Suite, Apt. #, etc.

300

City & State

Philadelphia, PA

Zip

19102

Country

USA

**3. Mailing Office Address**

The Bellevue, 200 South Broad

Suite, Apt. #, etc.

300

City & State

Philadelphia, PA

Zip

19102

Country

USA

**REINSTATEMENT 01-03**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

FL - 9/26/1995

**5. FEI Number**

522074983

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

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 617.0503, F.S.**

Signature of  
Registered Agent

**Brian Courtney  
Asst. V. Pres.**

Date

5/21/03

REGISTERED AGENT MUST SIGN

**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
CFO	Edward Glickman	The Bellevue, 200 South Broad	Philadelphia, PA 19102
VP	Jeffrey Linn	The Bellevue, 200 South Broad	Philadelphia, PA 19102

600019677226

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeffrey Linn, VP

Date

5/19/03

Daytime Phone #

215-875-0748

**CSC**

CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 095458 4372680

AUTHORIZATION :

COST LIMIT : \$ 1050.00

*Patricia Pizuto*

ORDER DATE : May 15, 2003

ORDER TIME : 9:52 AM

ORDER NO. : 095458-060

CUSTOMER NO: 4372680

CUSTOMER: Katrina Dougherty, Legal Asst  
Drinker Biddle & Reath Llp  
One Logan Square  
18th & Cherry Street  
Philadelphia, PA 19103-6996

DOMESTIC FILINGS

NAME: PR WEST PALM, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull

EXAMINER'S INITIALS \_\_\_\_\_

RECEIVED  
03 MAY 21 AM 10:28  
DIVISION OF CORPORATION

287