

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # 836928

99 OCT 14 PM 4:33

1. Corporation Name  
FIRST COMMERCIAL CORPORATION SOUTHEAST

Principal Place of Business 2331 ROUTE 34 WALL TOWNSHIP NJ 08720	Mailing Address 2331 ROUTE 34 WALL TOWNSHIP NJ 08720
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REINSTATEMENT *g*

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida 08/30/1976
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number 22-2105123
City & State	City & State	Applied For Not Applicable
Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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	4. City / State / Zip
T	SCHRAMA, DONALD E. (ASST)	12 SEA POINTE DR	PT PLEASANT NJ
PD	SCHRAMA, ALFRED L.	100 LAKESHORE DR.	N PALM BCH. FL
S	SCHRAMA, ROBERT C.	850 PRINCETON AVE	BRICKTOWN NJ
D	FORGOSH, PETER A.	200 CAMPUS DR	FLORHAM PARK NJ

200003020172-5  
-10/21/99--01010--012  
\*\*\*750.00 \*\*\*750.00

8. Name and Address of Current Registered Agent ZOCHOWSKI, T. ROBERT 1001 N. U.S. HIGHWAY ONE SUITE 500 JUPITER FL 33477	9. Name and Address of New Registered Agent Name Alfred L. Schrama Street Address (P.O. Box Number is Not Acceptable) 100 Lakeshore Drive Suite, Apt. #, Etc. 12 City N. Palm Beach State FL Zip Code 33408
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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: *Alfred L. Schrama* Date: 10-12-99  
REGISTERED AGENT MUST SIGN

11. 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: *Alfred L. Schrama* Date: 10-12-99 Daytime Phone #: 732-223-6100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
ALFRED L. SCHRAMA, PRESIDENT

CR20200 (8/99)