PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 NOV -4 PM 1:27
SECRETARY OF STATE
TALLAHASSEE FLORIDA

REINSTATEMENT 03

500024417285
11/04/03--01060--010 **150.00

DOCUMENT # **F01000003512**

1. Corporation Name

PHILLIPS & COHEN ASSOCIATES, LTD., CORP.

Principal Place of Business	Mailing Address
695 RANCOCAS ROAD WESTAMPTON NJ 08060	695 RANCOCAS ROAD WESTAMPTON NJ 08060

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 07/02/2001

5. FEI Number: 22-3527610 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
CPTD	PHILLIPS, MATTHEW M	695 RANCOCAS ROAD	WESTAMPTON NJ 08060
CVSD	COHEN, ADAM S	695 RANCOCAS ROAD	WESTAMPTON NJ 08060
~~V P~~	ENDERS, HOWARD A	695 RANCOCAS ROAD	WESTAMPTON NJ 08060

8. Name and Address of Current Registered Agent

OFFENBERG, LAYN
~~4780 N STATE RD 7 SUITE E 200~~
~~FORT LAUDERDALE FL 33319~~
300 NW 82nd Ave
Ste 500
Plantation, FL 33324

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

CR2E040 (7/03)

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. or 617.0505, F.S.

Signature of Registered Agent: SIGN Offenberger — October 31, 2003
REGISTERED AGENT MUST SIGN — Date

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: ~~Matthew~~ Howard A Enders, President — 10/30/03 — 609518 2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

PHILLIPS & COHEN ASSOCIATES, LTD.
695 RANCOCAS ROAD
WESTAMPTON, NJ 08060
Ph 609-518-9000
Fx 609-518-9442

October 30, 2003

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Dear Sir/Madam,

I am in receipt of the notice of administrative dissolution of our corporation. This is the first notice we have received concerning our Annual Report to the state. We have received no uniform business reports (UBR) from your state.

Enclosed please find the completed form and required filing fee. Please contact me if anything further is needed to reinstate our corporation. Thank you for your assistance.

Sincerely,

Howard A. Enders, Esq.
President
Phillips and Cohen Associates, Ltd.