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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F05000006160					
1. Corporation Name Schoor DePalma Inc.					
2. Principal Office Address 200 State Highway Nine			3. Mailing Office Address 200 State Highway Nine,		
Subs. Apt. #, etc			Subs. Apt. #, etc		
City & State Manalapan, NJ			City & State Manalapan, NJ		
Zip 07726		Country		Zip 07726	
Country		Country		Country	

Handwritten initials

REINSTATEMENT 2007
(CR2E001, 12/05)

4. Date Incorporated or Qualified To Do Business in Florida 10/24/2005	
5. FS Number 221863597	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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	
Subs. Apt. #, Etc	
City Tallahassee	State / Zip Code FL 32301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0506 or 617.0503, F.S.

Signature of Registered Agent: Joyce L. Markley as its agent Date: 12/19/07

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
	See Attached		

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 extinguished, 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 contained in Chapter 119, 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: James K. Valent James K. Valent, Secretary Date: 12/13/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Officers and Directors		
Name	Title	Address
Peter Vanderberg, Jr	Director	6660 S.W. 100th Street Miami, FL 33156
Don E. Dillon	Director	11202 N. 74th Ave Scottsdale AZ 85260
Troy Templeton	Vice Chairman, Chairman,, Chief Executive Officer	3260 Sw 130 Terrace Miami, FL 33156
George G. McCann	Chairman, Chief Executive Officer, Director, Vice Chairman	12 Hendrickson Court Manalapan, NJ 07726
Anthony J. Cimino	President	Four Todd Court Fairfield NJ, 07004
Theodore D. Cassera	Senior Executive, Vice President	4 Terry Court Hamilton NJ 08620
Dennis P McConnell	Chief Operating Officer, Treasurer	154 North Main Street Manasquan, NJ 08736
James K. Valenti	Executive Vice President, General Counsel, Secretary	21 Wedgewood Ave Colts Neck, NJ 07722
David Gershman	Assistant Secretary	4091 Park Ave Miami, FL 33133

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Florida Department of State
Division of Corporations
Public Access System

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To:

Division of Corporations
Fax Number : (850) 617-6384

From:

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

CORPORATION REINSTATEMENT

SCHOOR DEPALMA INC.

Certificate of Status	0
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