PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

APPROVED
AND
FILED

1997 DEC 10 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F95000003943**

1. Corporation Name

MINIMUM RATE PRICING, INC.

Principal Place of Business	Mailing Address
300 BROADACRES DR. BLOOMFIELD NJ 07003	300 BROADACRES DR. BLOOMFIELD NJ 07003

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: 08/15/1995

5. FEI Number: 22-3388629 ☐ 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)

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
PD	SALZANO, THOMAS N	300 BROADACRES DR.	BLOOMFIELD NJ 07003
SD	KEENA, FRANCIS A	300 BROADACRES DR.	BLOOMFIELD NJ 07003
Secretary	Adam R. Kolodny	300 Broadacres dr.	Bloomfield, NJ 07003

REINSTATEMENT 12/10/97

8. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVE.
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name: 500002375795--9
-12/17/97--01111--001
Street Address (P.O. Box Number is Not Acceptable): ****758.75 ****758.75
Suite, Apt. #, Etc.:
City: | State: FL | Zip Code:

CR2E040 (8/97)

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: Tina Leland-Asst. Sec. for NRAI, Services, Inc. Date: November 13, 1997
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☐ (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.

SIGNATURE: Adam R. Kolodny. Adam R. Kolodny, CFO 10-30-97 (973)338-1200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #