

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F03000004698

1. Entity Name
DONALD C. SAVOY, INC.



Principal Place of Business
15 JAMES STREET
FLORHAM PARK, NJ 07932

Mailing Address
15 JAMES STREET
FLORHAM PARK, NJ 07932

2. Principal Place of Business
25B Hanover Rd.

Suite, Apt. #, etc.
Suite 220

City & State
Florham Park, NJ

Zip
07932

Country

3. Mailing Address
25B Hanover Rd.

Suite, Apt. #, etc.
Suite 220

City & State
Florham Park, NJ

Zip
07932

Country



4. FEI Number
22-1930954

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE, FL 32801

7. Name and Address of New Registered Agent

Name
NRAI Services, Inc

Street Address (P.O. Box Number is Not Acceptable)

2731 Executive Park Dr Ste 4

City
Weston

FL Zip Code
33331

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE *Nellie Akalp*
Signature, typed or printed name of registered agent and title if applicable

Nellie Akalp, Asst. Secretary

03/07/05

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CDPS
SAVOY, DONALD C JR.
15 JAMES STREET
FLORHAM PARK, NJ 07932 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CDPS
Savoy, Donald C. Jr.
25B Hanover Rd. Suite 220
Hanover Park, NJ 07932 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
000050303250
04/11/05--01006--010 **8.75 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
000050303250
04/11/05--01006--011 **900.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/11/05