<u>- ~</u>	PLEASE READ ALL INS	TRUCTIONS	BEFORE (OMPLET	ING THIS FORM	1.	
FOR Secret			DEPARTMENT OF STATE atherine Harris ecretary of State ION OF CORPORATIONS		ALES.		
DOC	JMENT #465725			99 DEC 27 P			
1. Corpora Eye	let, Inc.				SECRETARY OF TALLAHASSEE, I	STATE LORID	E A
c/o One Nau	Risdon Corp. Risdon Street gatuck, CT 06770 ddresses are incorrect in any way, line through incorrect ncipal Office Address, If Applicable 3. New Ma		rection telow.	Date Incorp	-01/13/00- +**1050.00	-01001	1 6 1 7002 1050.00
Suite, Apt. (t, etc.	Ad Figure		To Do Busi 5. FEI Numbe	ness in Florida 12-3	-74	
City & State)	- q- √ *	04-28			Applied For Not Applicable
Zip 19154	Country Zip	Countr	у	6. CERTIFICAT	E OF STATUS DESIRED 🗀	ia -	
7. Names a	and Street Addresses of Each Officer and/or Director (F		ations must list at lea				
Title(s)	and/or Directors	Of	ficer and/or Director se Post Office Box N		City / 5	State / Zip	
ם	Alan W. Rutherford Richard L. Krzyzanowski	One Crow			Philadelphia Philadelphia	, PA	19154 19154
D	John W. Conway	One Crow	n Way		Philadelphia	, PA	19154
P	Thomas J. Dunleavy	One Crow	n Way		Philadelphia	, PA	19154
JP/T	Michael B. Burns	One Crow	n Way		Philadelphia	, PA	19154
JP/S	William T. Gallagher	One Crow	n Way		Philadelphia	, PA	19154
Asst. S	Michael J. Rowley	One Crow	n Way		Philadelphia	, PA	19154
	8. Name and Address of Current Registered A	gent		9. Name and	Address of New Registered	Agent	
	Corporation System D S. Pine Island Road	Name Street Address (F	O. Box Number	is Not Acceptable)			

City

State FL Zip Code
FL Signature of Registered Agent

Assistant Vice President

REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Plantation, FL 33324

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.

Suite, Apt. #, Etc.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/21/99 (215)698-5100

By: William T. Gallagher, Vige President and Secretary