1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 FEB -3 PM 2:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 811740

1. Corporation Name
The Commonwealth Plan, Inc.

REINSTATEMENT 03-05

2. Principal Office Address	3. Mailing Office Address
450 Mamaroneck Ave	250 E Carpenter Freeway
Suite, Apt. #, etc.	Suite, Apt. #, etc. Attn: M. Brock, H03-17
City & State Harrison, NY	City & State Irving, TX
Zip: 10528 Country: USA	Zip: 75062 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 03/04/1963

5. FEI Number: 042261536 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 S. Pine Island Rd

Suite, Apt. #, Etc.:

City: Plantation State: FL Zip Code: 33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Connie Bryan CONNIE BRYAN SPECIAL ASSISTANT SECRETARY Date: Feb. 03, 2005
REGISTERED AGENT MUST SIGN

CR2E084 (1/00)

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
Pres	Ellen Alemany	399 Park Ave.	New York, NY 10022
V-Pres	Donna S. Stone	250 E. Carpenter Freeway	Irving, TX 75062
Secr.	Curt A. Schultz	450 Mamaroneck Ave.	Harrison, NY 10528
Dir.	Ellen Alemany	399 Park Ave.	New York, NY 10022
Dir.	David H. Smith	450 Mamaroneck Ave.	Harrison, NY 10528
Dir.	Alan F. Varade	450 Mamroneck Ave.	Harrison, NY 10528

10. I certify that I am an officer or director of 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: Donna S. Stone Donna S. Stone/V-Pres 1-31-05 972-652-1717
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

1103

2852

Florida Department of State

Division of Corporations

Public Access System

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CORPORATION REINSTATEMENT

THE COMMONWEALTH PLAN, INC.

Certificate of Status	0
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