

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PS 10/2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

00 MAY -5 PM 1:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 831323**

1. Corporation Name

**Congress Talcott Corporation**

2. Principal Office Address

**1133 Avenue of Americas**

Suite, Apt. #, etc.

City & State

**New York, NY**

Zip

**10036**

Country

3. Mailing Office Address

**1133 Avenue of Americas**

Suite, Apt. #, etc.

City & State

**New York, NY**

Zip

**10036**

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**11/27/1973**

5. FEI Number

**13-2598375**

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

**Corporation Service Company**

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

**1201 Hays Street**

Suite, Apt. #, Etc.

City

**Tallahassee**

State

**FL**

Zip Code

**32301**

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

**BRIAN COURTNEY, ASST. V.P.**

REGISTERED AGENT MUST SIGN

Date

**5/4/2000**

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
P	William Davis	1133 Avenue of Americas	New York, NY 10036
VP	James Mackin	1133 Avenue of Americas	New York, NY 10036
VP	Michele Lucarelli	1133 Avenue of Americas	New York, NY 10036
T	Morton Z. Schwartz	1133 Avenue of Americas	New York, NY 10036
SVP/ S/D	Elizabeth M. Barbis	1339 Chestnut Street	Philadelphia, PA 19107
VP/ Asst. Sec.	Jacqueline Ballantine	1339 Chestnut Street	Phialdelphia, PA 19107

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 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:

*Elizabeth M. Barbis*

**Elizabeth M. Barbis**

**215-973-7236**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Senior Vice President/**

**Secretary/Director**

Date

Daytime Phone #

CR2E081 (9/99)



ACCOUNT NO. : 072100000032

REFERENCE : 686057 7170545

AUTHORIZATION :

COST LIMIT : \$ 1050.00

ORDER DATE : May 4, 2000

ORDER TIME : 1:14 PM

ORDER NO. : 686057-005

CUSTOMER NO: 7170545

CUSTOMER: Ms. Jackie A. Ballantine  
FIRST UNION CORPORATION  
FIRST UNION CORPORATION  
Legal Dept. Pa 4840  
1339 Chestnut Street  
Philadelphia, PA 19107

DOMESTIC FILING

NAME: CONGRESS TALCOTT CORPORATION

EFFECTIVE DATE:

☒ REINSTATEMENT  
☐ CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY  
☒ PLAIN STAMPED COPY  
☐ CERTIFICATE OF GOOD STANDING

\*\*\*FILE 1ST\*\*\*

CONTACT PERSON: Tamara Odom

EXAMINER'S INITIALS: \_\_\_\_\_

RECEIVED  
00 MAY -4 PM 3:15  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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