

1092

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

05 MAR 28 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 837450

1. Corporation Name

Medco Containment Life Insurance Company

2. Principal Office Address

5010 Ritter Road

3. Mailing Office Address

100 Parsons Pond Drive

Suite, Apt. #, etc.

Suite 115

Suite, Apt. #, etc.

City & State

Mechanicsburg, PA

City & State

Franklin Lakes, NJ

Zip

17055

Country

US

Zip

07417-2603

Country

US

**4. Date Incorporated or Qualified
To Do Business in Florida**

12-2-76

5. FEI Number

421425239

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

00-05

7. Name and Address of Current Registered Agent

Name

CT Corporation System

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

1200 South Pine Island Road

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

Barbara A. Burke

**BARBARA A. BURKE
SPECIAL ASSISTANT SECRETARY**

Date

3-21-05

REGISTERED AGENT MUST SIGN

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
	See Attached Sheet		

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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:

Daniel C. Walden

Daniel C. Walden

3/18/05

201-269-5240

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/05)

202

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/D	Joann Audrey Reed	100 Parsons Pond Drive	Franklin Lakes, NJ 07417-2603
S/D	Margery Frances Nathanson	100 Parsons Pond Drive	Franklin Lakes, NJ 07417-2603
T/D	Gabriel Raymond Cappucci	100 Parsons Pond Drive	Franklin Lakes, NJ 07417-2603
VP/D	Daniel Christian Walden	100 Parsons Pond Drive	Franklin Lakes, NJ 07417-2603
*D	Sarina DosSantos	100 Parsons Pond Drive	Franklin Lakes, NJ 07417-2603
D	David Peter Arciszewski	100 Parsons Pond Drive	Franklin Lakes, NJ 07417-2603
D	Thomas Michael Moriarty	100 Parsons Pond Drive	Franklin Lakes, NJ 07417-2603
D	Deborah Schwartz	100 Parsons Pond Drive	Franklin Lakes, NJ 07417-2603

*Associate Controller