

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **842609**

1. Corporation Name

VEI, INCORPORATED

Principal Place of Business

299 MADISON AVE
PO BOX 1936
MORRISTOWN NJ 07962
US

Mailing Address

299 MADISON AVE
PO BOX 1936
MORRISTOWN NJ 07962
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/15/1979

5. FEI Number

75-1469019

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD CD	MCMAHON, KEVIN	299 MADISON AVE	MORRISTOWN NJ 07962
S	REFINSKI, ELIZABETH A	299 MADISON AVE	MORRISTOWN NJ 07962
T	BARRY, THOMAS E	299 MADISON AVE	MORRISTOWN NJ 07962
C	WISS, RONALD	299 MADISON AVE	MORRISTOWN NJ 07962
PD	Lenzer, William	2711 LBJ Freeway, Suite 1000	Dallas, TX 75234
D	Garrity, Kenneth J.	529 Main Street	Boston, MA 02129

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	700003467337-5
City	12/05/00-01043-011
State	****750.00
Zip Code	****750.00
	FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Jennifer L. Morga
REGISTERED AGENT MUST SIGN

Date

11/13/2000

11. 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/19/00

Daytime Phone #

CR2E040 (8/00)