PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 OCT 14 PM 4:56

DOCUMENT # **856772**

1. Corporation Name

FIRST COMMERCIAL MORTGAGE CORPORATION

Principal Place of Business	Mailing Address
2331 ROUTE 34 WALL TOWNSHIP NJ 08720	2331 ROUTE 34 WALL TOWNSHIP NJ 08720

REINSTATEMENT 95

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business In Florida: 06/15/1983

5. FEI Number: 22-2090001 ☐ 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)

100003020073--4
-10/20/98--01082--015
****750.00 ****750.00

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City, State, Zip
PD	SCHRAMA, ALFRED L.	100 LAKESHORE DR.	N. PALM BEACH FL
S	SCHRAMA, ROBERT C.	650 PRINCETON AVE	BRICKTOWN NJ
T	SCHRAMA, DONALD E.	12 SEA POINT DR	PT PLEASANT NJ
D	FORGOSH, PETER A.	200 CAMPUS DR	FLORHAM PARK NJ

8. Name and Address of Current Registered Agent

HELFMAN, GARY S
321 ROYAL POINCIANA PLZ SOUTH
PALM BCH FL 33480-7431

9. Name and Address of New Registered Agent

Name: Alfred L. Schrama
Street Address (P.O. Box Number is Not Acceptable): 100 Lakeshore Drive
Suite, Apt. #, Etc.: L2
City: N Palm Beach | State: FL | Zip Code: 33408

CR2E040 (8/99)

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: Alfred L. Schrama — Date: 10 12 99
REGISTERED AGENT MUST SIGN

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] — 10-12-99 — 732-223-6100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: DONALD E. SCHRAMA, TREASURER — Date — Daytime Phone #

0097915 BP