

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 DEC -7 PM 2:02

DOCUMENT # F00000005520

1. Corporation Name

MSPS ENTREPRENEURIAL II, INC.

800004717768--0

-12/11/01--01008--019

****758.75 ****750.00

REINSTATEMENT

2. Principal Office Address

c/o CMS Affiliated Partnerships

3. Mailing Office Address

c/o Legal Department

Suite, Apt. #, etc.

One Bala Plaza, Suite 412

Suite, Apt. #, etc.

1926 Arch Street

City & State

Bala Cynwyd, PA

City & State

Philadelphia, PA

Zip

19004

Country

USA

Zip

19103-1484

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/03/2000

5. FEI Number

23-3003877

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

Downing, Grant T. Esq.

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

222 West Comstock Avenue, Suite 101

Suite, Apt. #, Etc.

City

Winter Park, FL

State

FL

Zip Code

32789

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

REGISTERED AGENT MUST SIGN

Date

12/5/01

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
PD	Paul Silberberg	One Bala Plaza, Suite 412	Bala Cynwyd, PA 19004
VD	William A. Landman	One Bala Plaza, Suite 412	Bala Cynwyd, PA 19004
S	John S. Green	One Bala Plaza, Suite 412	Bala Cynwyd, PA 19004
CD	Mark I. Solomon	One Bala Plaza, Suite 412	Bala Cynwyd, PA 19004

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:

John S. Green

John S. Green, Secr.

10/26/01 215-246-3000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #