PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 27 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F00000005869**

1. Corporation Name

THE TRAF GROUP, INC.

Principal Place of Business	Mailing Address
80 WEST UPPER FERRY ROAD. SUITE 1 WEST TRENTON NJ 08628	80 WEST UPPER FERRY ROAD. SUITE 1 WEST TRENTON NJ 08628

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

REINSTATEMENT 07

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: 10/17/2000

5. FEI Number: 22-2679497 ☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	GENOVAY, PATRICIA	80 WEST UPPER FERRY ROAD, SUITE	WEST TRENTON NJ 08608
V	CANTO, SERA	80 WEST UPPER FERRY ROAD, SUITE	WEST TRENTON NJ 08628
S	TRAINER, RAYMOND	80 WEST UPPER FERRY ROAD, SUITE	WEST TRENTON NJ 08628

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8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State: FL | Zip Code

CR2E040 (7/03)

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. or 617.0505, F.S.

Signature of Registered Agent: Susan P. Clark — Date: 10/14/03
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: Patricia Genovay PATRICIA GENOVAY — 10/20/03 — 609-771-9200 x101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

A-1 Collection Service
High-tech collection with the human touch

A-1 Collection Service
80 West Upper Ferry Road
Suite One
West Trenton, NJ 08628
A division of TRAF Group, Inc.

tel 609.771.9200
tel 800.777.6201
fax 609.771.4415
www.A1collection.com

October 20, 2003

Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

RE: The Traf Group, Inc.
Document # F00000005869

We recently received a Notice of Administrative Dissolution or Revocation. Please find enclosed the completed application for Reinstatement and the $150. uniform business report (UBR) filing fee. At this time we are asking for the reinstatement fee to be waived due to the fact we have never received the two prior UBR notices. As requested by your office, please accept this letter as acknowledgement that the prior UBR notices were not received.

Should you have any questions, please contact me.

Thank you,

Patricia Genovay
President