PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F01000001862

1. Corporation Name
The J.R. Clarkson Company, Inc.

REINSTATEMENT 03-04

2. Principal Office Address	3. Mailing Office Address
273 Corporate Drive	P.O. Box 8749
Suite, Apt. #, etc. Suite 100	Suite, Apt. #, etc.
City & State Portsmouth, NH	City & State Princeton, NJ
Zip 03801 / Country USA	Zip 08543-8749 / Country USA

4. Date Incorporated or Qualified To Do Business in Florida: April 5, 2001

5. FEI Number: 94-1449678 ☐ 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: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 S. 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 Date: 41504

Barbara A. Burke, Spec. Asst. Secy. REGISTERED AGENT MUST SIGN

CR2E031 (10/02)

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Robert P. Mead	273 Corporate Drive, Suite 100	Portsmouth, NH 03801
Secy.	M. Brian Moroze	273 Corporate Drive, Suite 100	Portsmouth, NH 03801
Treas.	Richard H. Abromeit	273 Corporate Drive, Suite 100	Portsmouth, NH 03801

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: Robert P. Mead Robert P. Mead 4/15/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FLR10 - 10/03/2003 CT System Online

TOTAL P.02

Florida Department of State
Division of Corporations
Public Access System

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CORPORATION REINSTATEMENT

THE J.R. CLARKSON COMPANY

Certificate of Status	0
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