

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUN 19 PM 3:01

DOCUMENT # F01000001918

1. Corporation Name

Nat Sherman Inc.

2. Principal Office Address

7615 Boeing Drive

Suite, Apt. #, etc.

City & State

Greensboro, NC

Zip

27409

Country

USA

3. Mailing Office Address

c/o Nat Sherman Inc.

Suite, Apt. #, etc.

2200 Fletcher Avenue

City & State

Fort Lee, NJ

Zip

07024

Country

USA

REINSTATEMENT 64-06

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

4/10/2001

5. FEI Number

13-1975226

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

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

Jacqueline N. Casper

Date

6/8/06

REGISTERED AGENT MUST SIGN

Jacqueline N. Casper, Asst. V.P.

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
Pres	Joel J. Sherman	139 Maple Street	Englewood, NJ 07631
Secty	William M. Sherman	321 N. Pleasant Avenue	Ridgewood, NJ 07450
Treas.	Laurence Sherman	80 Chandler Road	Chatham, NJ 07928
VP	Louis S. Carbone	4 Cabernet Court	Huntington, NY 11743

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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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Louis S. Carbone, VP, CFO

Date

201-735-9008

Daytime Phone #