

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

09 JUN 25 PM 2:48
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

 **FLORIDA DEPARTMENT OF STATE**
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F01000004541

1. Corporation Name BOB McCLOSKEY AGENCY, INC.
 c/o NFP, 500 W. Madison
 Ste 2400
 Chicago, IL 60661

2. Principal Office Address - No P.O. Box # 76 Main Street
 Suite, Apt. #, etc.

3. Mailing Office Address 40 NFP, 500 W. Madison
 Suite, Apt. #, etc. Ste 2400

City & State Matawan, NJ

City & State Chicago

Zip 07747 **Country** USA

Zip IL **Country** 60661

7. Name and Address of Current Registered Agent

Name CT Corporation System

Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road

Suite, Apt. #, Etc.

City Plantation **State** FL **Zip Code** 33324

REINSTATEMENT 07-09
 CR2E001 (12/08)

4. Date Incorporated or Qualified To Do Business in Florida

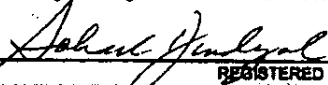
5. FEI Number 20-4055773 **Applied For** ☒ **Not Applicable**

6. CERTIFICATE OF STATUS DESIRED ☐

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0603, F.S.

Signature of Registered Agent  **Sohan R. Dindyal** **Date** 02-18-09

REGISTERED AGENT MUST BE Vice President

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	Robert G. McCloskey	76 Main Street	Matawan, NJ 07747
Sect	Robert J. McCloskey	76 Main Street	Matawan, NJ 07747
Treas	Robert G. McCloskey	76 Main Street	Matawan, NJ 07747
V.P.	Lori M. Lieser	500 W. Madison, Ste 2400	Chicago, IL 60661
Dir	Brett Schneider	340 Madison Ave, 19th Fl	New York, NY 10173

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:  **Lori M. Lieser, Vice President** **Date** 2/18/09 **Daytime Phone #** 312-985-5100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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