PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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

DOCUMENT # F01000004541

W09000009097

REINSTATEMENT 07-09

CR2E081 (12/08)

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 #	3. Mailing Office Address
76 Main Street	c/o NFP, 500 W. Madison
Suite, Apt. #, etc.	Suite, Apt. #, etc. Ste 2400
City & State: Matawan, NJ	City & State: Chicago
Zip: 07747 Country: USA	Zip: IL Country: 60661

4. Date Incorporated or Qualified To Do Business in Florida

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

6. CERTIFICATE OF STATUS DESIRED ☐

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

☐ 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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06/25/09--01004--005 **150.00

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: Sohan Dindyal Date: 02-18-09
REGISTERED AGENT MUST SIGN
Sohan R. Dindyal
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 2/18/09 312-985-5100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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