

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 NOV -4 AM 8:01

DOCUMENT # F01000005517

1. Corporation Name

EASTERN OF NEW JERSEY, INC.

Principal Place of Business

5300 WEST ATLANTIC AVE.  
STE 702  
DELRAY BEACH FL 33484

Mailing Address

5300 WEST ATLANTIC AVE.  
STE 702  
DELRAY BEACH FL 33484

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/22/2001

5. FEI Number

☒ 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
PCD	SILBERBERG, MARION	635 LAKEWOOD CIRCLE EAST	DELRAY BEACH FL
V	FOX, EUGENE	4133 N.W. 60TH CIRCLE	BOCA RATON FL
SD	HAHN, JUDITH	9 EDGEHILL DRIVE	WOODBIDGE CT
T	HAHN, KENNETH	205 HUDSON ST. APT 608	HOBOKEN NJ
V	SILBERBERG, NANCY	CLARIDGE HOUSE II APT 8HW	VERONA NJ

8. Name and Address of Current Registered Agent

FOX, EUGENE  
5300 WEST ATLANTIC AVE, STE 702  
DELRAY BEACH FL 33484

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

9000002788369  
11/04/02--01089--00 State # Zip Code  
FL 33484

CR2040 (8/02)

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/30/02

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/30/02 561-865-4180

AD

EASTERN OF NEW JERSEY, INC.

5300 West Atlantic Ave., Suite 702  
Delray Beach, Florida 33484

Phone: 561-865-4180  
Fax: 561-865-4182

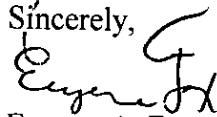
October 31, 2002

Division of Corporations  
Annual Report/ Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327

Dear Sirs:

Please be advised that we started business in the State of Florida on October 22, 2001 and we have not received the two prior business report notices and respectfully request that you waive any penalty and interest.

Enclosed is a check for \$150.00 for the filing fees.

Sincerely,  
  
Eugene A. Fox  
President