

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F02000000344

1. Corporation Name

M&T SERVICES COMPANY (DELAWARE)

Principal Place of Business

Mailing Address

9550 REGENCY SQUARE BLVD., SUITE 400
JACKSONVILLE FL 322259550 REGENCY SQUARE BLVD., SUITE 400
JACKSONVILLE FL 32225FILED
03 OCT 21 PM 2:02SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

03

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1717 Arch Street

35TH FL

Philadelphia

191032768

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/22/2002

5. FEI Number

26-0000387

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PTD	GOLDMAN, MARTIN A	1717 ARCH STREET, 35TH FLOOR	PHILADELPHIA PA 19103
VD	GOLDMAN, GARY	1717 ARCH STREET, 35TH FLOOR	PHILADELPHIA PA 19103
S	SKLAR, STUART M	1717 ARCH STREET, 35TH FLOOR	PHILADELPHIA PA 19103

000023987660
10/21/03--01146--002 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

REGISTERED AGENT MUST SIGN

James Newsome, Asst Sec'y

Date

10/20/03

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)(b), 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
Stuart M. Sklar, Secretary

10-14-03

Date

215-636-1190

Daytime Phone #