

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JUL 27 PM 2:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F02000005856

1. Corporation Name  
The Casey Group, Inc.

2. Principal Office Address  
3799 Rt 46 East  
Suite, Apt. #, etc.  
SUITE 209

3. Mailing Office Address  
3799 Rt 46 East  
Suite, Apt. #, etc.  
SUITE 209

City & State  
Parsippany, NJ  
Zip  
07054  
Country  
USA

City & State  
Parsippany, NJ  
Zip  
07054  
Country  
USA

4. Date Incorporated or Qualified To Do Business in Florida  
May 2001

5. FEI Number  
222810521  
Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name  
LEOPOLD POREBSKI  
Street Address (P.O. Box Number is Not Acceptable)  
18913 Crescent Rd  
Suite, Apt. #, Etc.  
City  
ODESSA  
State  
FL  
Zip Code  
33586

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  
Date 7/21/04  
REGISTERED AGENT MUST SIGN

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
T	Richard P. Casey	3799 Rt 46 East STE 209	Parsippany, NJ 07054

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 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: Richard P. Casey  
Date 7/21/04  
Daytime Phone # 973.299.4500

CR2E081 (01/04)