

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H09000016352 3))



H090000163523ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:  
Division of Corporations  
Fax Number : (850)617-6384

From:  
Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850)222-1092  
Fax Number : (850)878-5368

**\*RE-SUBMIT\***

please retain original filing  
date of submission 1/23/09

**CORPORATION REINSTATEMENT**

**JPMORGAN CHASE & CO.**

Certificate of Status	1
Certified Copy	0
Page Count	023
Estimated Charge	\$908.75

Electronic Filing Menu

Corporate Filing Menu

Help

19/10/02

FILED

09 JAN 23 PM 4:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**



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

**DOCUMENT #** FO20000006289

1. Corporation Name  
**JP MORGAN CHASE & CO.**

**REINSTATEMENT** 08-09

CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #  
**270 Park Avenue**

3. Mailing Office Address  
**4 Chase Metrotech Center**

Suite, Apt. #, etc.  
**NY 10021**

Suite, Apt. #, etc.  
**NY 10021**

City & State  
**New York, NY**

City & State  
**Brooklyn, NY**

Zip Country Zip Country  
**10021 USA 11246 USA**

4. Date Incorporated or Qualified To Do Business in Florida **December 18, 2002**

5. FEI Number **13-2624428** Applied For  Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$575 Annual Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
**CT Corporation**

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

Suite, Apt. #, Etc.

City State Zip Code  
**Plantation FL 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.

8. I, being appointed the registered agent of the above, **Chris McNeel** and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent *Chris McNeel* **Assistant Secretary** Date 1/23/09

9. Name and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
	James Dimon - Director	270 Park Avenue	New York, NY 10017
	Crandall C. Bowles - Director	270 Park Avenue	New York, NY 10017
	Stephen B. Burke - Director	270 Park Avenue	New York, NY 10017
	James S. Crown - Director	270 Park Avenue	New York, NY 10017
	Christine N. Bannerman - Asst Sec.	4 Chase Metrotech Center	Brooklyn, NY 11245
	William C. Wedon - Director	270 Park Avenue	New York, NY 10017

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 118, 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:** *Christine N. Bannerman* **Christine N. Bannerman/Asst Secretary** **January 22, 2009** 718.242.2522

SIGNATURE AND TYPED OR PRINTED NAME OF GOING OFFICER OR DIRECTOR Date Daytime Phone #

1/23/09