


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F04000001660		
1. Entity Name FIRST MUTUAL CORP.		

FILED
2006 JUL -5 AM 11:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 523 HOLLYWOOD AVE. SUITE 300 CHERRY HILL, NJ 08002	Mailing Address P.O BOX 8443 CHERRY HILL, NJ 08002
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

05252006 REIN-P CR2E098 (11/05)

4. FEI Number 21-0727447		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent BLANTON, EDWIN F 825 THOMASVILLE ROAD TALLAHASSEE, FL 32303		7. Name and Address of New Registered Agent Name EDWIN F. BLANTON Street Address (P.O. Box Number is Not Acceptable) 810 THOMASVILLE ROAD City TALLAHASSEE FL Zip Code 32303

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  EDWIN F. BLANTON
(NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	C	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WOLF, A.B.			NAME			
STREET ADDRESS	523 HOLLYWOOD AVE. SUITE 300			STREET ADDRESS			
CITY-ST-ZIP	CHERRY HILL, NJ 08002			CITY-ST-ZIP			
TITLE	DP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LESIGER, LAWRENCE			NAME			
STREET ADDRESS	523 HOLLYWOOD AVE. SUITE 300			STREET ADDRESS			
CITY-ST-ZIP	CHERRY HILL, NJ 08002			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEINSTOCK, JACK			NAME			
STREET ADDRESS	523 HOLLYWOOD AVE. SUITE 300			STREET ADDRESS			
CITY-ST-ZIP	CHERRY HILL, NJ 08002			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KEITH, CAROLYN			NAME			
STREET ADDRESS	523 HOLLYWOOD AVE. SUITE 300			STREET ADDRESS			
CITY-ST-ZIP	CHERRY HILL, NJ 08002			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

3/7/10
REINSTATEMENT
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07/12/06--01012--009 **900.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  6-19-06 856-663-7800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Lawrence K. Lesiger, President Date Daytime Phone #