PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 JUL 29 PM 3:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F04000006499

1. Corporation Name

MANNING,SELVAGE & LEE, INC.

REINSTATEMENT 07-08

CR2E081 (12/07)

7/29

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1675 BROADWAY	35 WEST WACKER DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	C/O RESOURCES USA LEGAL
City & State	City & State
NEW YORK, NY	CHICAGO, IL
Zip / Country	Zip / Country
10019 / USA	60601 / USA

4. Date Incorporated or Qualified To Do Business in Florida: 11/15/2004

5. FEI Number: 133030404 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name
C T CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)
1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City: PLANTATION | State: FL | Zip Code: 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 named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Laura Broderick — REGISTERED AGENT MUST SIGN
Laura Broderick
Assistant Secretary
Date: 7/25/2008

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
	See Attached		

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 119, 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: Sondra Thorson, Vice President — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 7/10/08
Daytime Phone #: 312-220-6133

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Manning, Selvage & Lee, Inc.

Name	Title	Adress
Miller, Peter J.	Treasurer	2000 Lenox Drive, Suite 100, Lawrenceville NJ 08648, United States
Betley, John R.	Secretary	2000 Lenox Drive, Suite 100, Lawrenceville NJ 08648, United States
Capozzi, Louis	Chairman of the Board	2000 Lenox Drive, Suite 100, Lawrenceville NJ 08648, United States
Hass, Mark	President Chief Executive Officer	2000 Lenox Drive, Suite 100, Lawrenceville NJ 08648, United States
Meehan, Richard W.	VP & Assistant Treasurer	2000 Lenox Drive, Suite 100, Lawrenceville NJ 08648, United States
Thorson, Sondra J.	VP & Assistant Secretary	2000 Lenox Drive, Suite 100, Lawrenceville NJ 08648, United States
Westphal, Robert S.	VP & Assistant Treasurer	2000 Lenox Drive, Suite 100, Lawrenceville NJ 08648, United States

Name	Title	
Betley, John R.	Director	2000 Lenox Drive, Suite 100, Lawrenceville NJ 08648, United States
Hass, Mark	Director	2000 Lenox Drive, Suite 100, Lawrenceville NJ 08648, United States

Florida Department of State

Division of Corporations
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CORPORATION REINSTATEMENT

MANNING,SELVAGE & LEE, INC.

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